PUBLIC HEALTH NURSING

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PUBLIC HEALTH NURSING

Official Organ of The National Organization for Public Health Nursing, Inc.

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Can You Stand Alone?

At no time since the World War has public health nursing faced the test which confronts it today. Unemployment and lack of economic stability have increased the demand for nursing service to the point where it is now one of the vital factors in maintaining American standards of health.

Individual nurses and local agencies are called upon daily to increase the extent of their services. Public health nurses can be proud of the manner with which they are meeting the situation.

In the background, assisting with information, ideas, institutes, and a multitude of other services, is the National Organization for Public Health Nursing. The demands upon its staff have increased too because of the depression. Today it is swamped with requests for service. Appeals have come from all over the country for more facts, more suggestions, and more help to meet the stringency of local conditions.

And now, on the eve of its twentieth birthday, the National comes to you for help in greatly broadening its membership.

Organization—a symbol of progress—is the key-note of our success. The increased need of it was never more apparent that it is today. There are three fundamental reasons for the importance of organization. It provides a channel for disseminating the fruits of individual genius in experimentation; it keeps us abreast of the times, and it marks our cause with the clarity of purpose, the strength and the coherence which the solidarity of organization alone provides.

By fostering individuality in local practice the evils of overstandardization are prevented. Yet, by broadcasting the successes achieved through individual effort, the rest of the profession is able to profit by them—by remodeling them to fit local needs. To this function of the National we owe in some measure the fact that the latest practices are available for use in isolated localities, sometimes thousands of miles from the point where these practices originated.

Through this Organization both nurses and board members are kept abreast of rapidly expanding medical science and preventive measures as well. New methods of treatment are being constantly brought to light. It is doubly important that we utilize these methods; that no antiquated and outmoded practices be followed if we are to continue to render the most effective service under prseent trying conditions.

The third reason for the importance of organization is so self-evident as to be axiomatic. To merit the serious consideration of national thought—to become a recognized service of nation-wide importance—any movement must have solidarity. We are so accustomed to this principle that we take national organization for granted, but we are prone to lose sight of the effort which is expended in the building of a national organization, and the fact that we must support this organization if we expect to reap the benefits which it provides.

We must not take for granted the benefit which we derive from massing our efforts—a benefit both to our profession and to our own interests. We must realize the fact that public health

THE WHITE HOUSE
WASHINGTON

September 3, 1931.

My dear Miss Nelson:

Public Health Nursing in the United States has become one of the most potent forces for raising the level of health and efficiency of the people. It not only brings the boon of trained nursing service to even the humblest homes, but is a bulwark against neglect and suffering and a powerful influence in constructively promoting the public health. I am interested to learn of the plans of the National Organization for Public Health Nursing to increase its service by broadening its membership. Its efforts and objectives commend themselves to all citizens. I wish you the fullest measure of success in your current undertaking and your continuing program for improving the health of the people.

Yours faithfully,

Herbert Hoover

Miss Sophie C. Nelson, R. N.,
President,
National Organization for Public Health Nursing, Inc.,
450 Seventh Ave.,
New York City.

nursing is growing stronger daily in spite of the wearing effects of the depression, because we have worked for it both as individuals and as a body. We must remember that hard-won ideals of practice have not been lost during this emergency because of the strength, the clarity of purpose which lies behind those ideals.

With these thoughts in mind the National is setting out to invite us all to share in the central plan for our cause, through membership. Less than one-fourth of public health nurses and a much smaller fraction of lay people are members today. That these potential members are vitally interested in public health nursing is evident, but as yet they are limiting their influence to their own localities. We believe that they would profit by the values that come from national organization, and, in fact, are profiting by them now.

Mary Sewall Gardner has accepted the responsibility of leading this effort, and of taking the invitation to join to every potential member. All over the country leaders in the public health nursing field have pledged their support to Miss Gardner to make this enterprise a success. Through state and local committees requests will be made for individual coöperation, but no one should wait for a special invitation to join or to interest others.

Let's pitch in now and build up the support which the national organization deserves and needs.

Doubled Membership Means Redoubled Strength

Influence of Modern Public Health and Social Movements on Nursing Education

By MARGUERITE A. WALES

General Director of Nurses, Henry Street Visiting Nurse Service, New York City

IT was the Chief Medical Officer of the Department of Health for Scotland who gave me a measuring rod by which to observe public health nursing in Europe. His discussion of the health visitor raised questions by which to evaluate nursing education.

He said that with the demand after the war for public health workers, the authorities promoting public health programs decided to work out a shorter course which, by eliminating the long, arduous training of a nurse, would attract young women of good educational standard. As a result many of these workers were given a short training and placed in positions as health visitors. The conclusions expressed by Dr. Kinloch in regard to the value of these health visitors are significant. "Now that we have had some experience with these health visitors," he said, "we have discovered our error. The lack of real nursing training is the bar to the success of this type. Similarly after ten to fifteen years experience of health visitors recruited from the ranks of fully trained hospital nurses who have been engaged during that time on health visiting solely, without any bedside nursing work, we see that they too have lost their freshness of outlook and have become dull and uninspired. And," he added, doubtless referring to the fact that I was not actively giving nursing care to patients, "if you don't watch out, you'll become dull and uninspired too."

Although this was spoken half in jest it gave me much food for thought. Is there something which goes into the making of a nurse during her years of daily ministering to the needs of patients which gives her a special response to all human difficulties? Does this "nursing response" to problems become dulled in the nurse who is no longer actively engaged in caring for the sick? How can those interested in developing public health nurses keep alive this valuable quality in nurses who are doing only health education work? On the other hand, is it impossible for the health visitor who has never known what it means to fight for the life of a desperately ill baby with all her nursing skill, to be an effective worker in the prevention of disease?

With questions regarding these two types of public health workers in mind, it is interesting to consider what is happening in various countries as a result of the educational preparation of the health workers.

Incidentally, it might be well to recall the serious agitation in New York State and other parts of the United States to introduce into this country the British system of preparing health workers by a short course. Fortunately, the health officers advocating this program were unsuccessful in getting it under way, for the experience in England and Scotland has proved the folly of short cuts. England has voiced its disapproval by passing a law in 1928 which provides that a health visitor either must be a graduate trained nurse with midwifery training and six months at an approved educational center (such as the College of Nursing), or she must take two years at an approved center (such as Bedford College), with one year of midwifery and six months in a hospital. A close examination of these alternatives will show why the so-called health visitor course is becoming less

popular. As a matter of fact, fewer appointments are being made of workers who are not graduate nurses.

In Scotland the Department of Health has advised local authorities in charge of public health activities to consider to what extent the duties of the health visitor can be reorganized with a view to giving variety to her work and to sustaining interest in her duties. The Department has stated that while refresher courses serve a useful purpose to that end, it considers that in order to secure full efficiency it is desirable, where practicable, that the health visitor also should be engaged in bedside nursing work. Where the health visiting service is not provided by district nurses but by a full-time health visitor staff, the Department has recommended adoption of a system of interchangeability of health visiting service with the hospital service or the district nursing service.

In the provinces both in England and in Scotland, the Queen's Jubilee nurses are responsible for all types of public health nursing in their districts, including bedside care of patients. These private organizations are receiving grants from the government which make it possible for them to carry on generalized nursing in its broadest sense.

When we consider the preparation of nurses for this generalized program we find that public health experience is on an entirely post-graduate basis. To be sure, some of the undergraduates in English schools glimpse certain aspects of public health work in the excellent maternity, children's, tuberculosis and venereal disease clinics attached to the hospitals. This provides, however, a very limited concept of public health.

When asked how students got enough idea of public health to know whether they would like to take part in this type of work, one matron said, "Oh, before they graduate I always have an interview with each student, and I tell her about public health." It reminded me of the director of an American school who once said, "Our students don't need field experience in public health—we have excellent moving pictures."

Schools of nursing in England are suffering, as we are in America, from the tradition which expects pupil nurses to carry a major part in nursing the entire hospital. This has made it difficult for those in charge to realize the value of utilizing field experience outside the hospital to enrich the student's educational program.

It is fascinating to hear the matron of an English school of nursing enthusiastically praise her ward sisters and teaching staff. You can see how carefully she watches each group of students. As they come to the last year she knows just where the most outstanding ones are to be placed, and she has tempting plans for further study to fit them for these important posts *in the hospital,* within the walls of which her thoughts and interests are centered.

Outside the hospital, in the field of public health nursing which offers such splendid opportunities, who is scanning these same ranks of young graduates to select and train the outstanding ones for public health positions?

Inside the hospital we meet the finest type of leadership to be found in nursing anywhere—women with high ideals, great character and vast experience in hospital training. Outside, in the public health field, too often we find at the head of the nursing division of an extensive public health program a woman physician, or a social worker—women of ability interested in public health but with little interest in the education of public health nurses. The nurses who are doing the thinking and planning today for public health nursing of tomorrow are a young group—their ideals, their vision and enthusiasm are splendid and already they are accomplishing much in the development of opportunities for public health nursing education. But this is a small youthful group whose excellent recommendations for public health experience in the undergraduate curricula lose weight when presented to the

august body of nursing education leaders within the hospitals.

In looking to the future of nursing education in England and Scotland, one wonders what effect the Local Government Act of 1929 will have on these problems. This law brings the hospitals which formerly functioned under the Poor Law Authorities into closer relationship with the Ministry of Health of England and the Department of Health for Scotland. We find the health officers discussing the reorganization of nursing education as one of their responsibilities. Certainly a man with the sympathetic understanding of nursing and public health nursing which Dr. Kinloch showed is bound to be a strong ally for the public health nurse. With the right kind of coöperation from nursing education leaders he should be able to make great strides in working out his plan for a generalized nursing program which would form the basis of any type of nursing—hospital, private duty or public health. Such a foundation in nursing would go a long way toward preparing the best type of worker for the public health field.

In turning to the central European countries we find both types of health visitors—the so-called *fürsorgerin* or social worker, whose handling of postwar problems placed greatest emphasis on social rather than health needs, and the graduate nurse who has added something of the *fürsorgerin* training to her hospital experience in order to become a public health nurse. Many of the schools of social work are offering special opportunities for nurses to take these courses. It is interesting to find that with either type of worker the generalized program is gradually supplanting the specialized method.

I shall not soon forget the lively morning I spent making visits with a public health nurse in Dusseldorf, Germany. As we went from one difficult situation to another in these homes which showed only too plainly what the war had done to Germany, I caught the fire of this little nurse's enthusiasm as she effectively dealt with each problem. Although she was doing no bedside nursing, there was no doubt that she had retained her nursing response to her families' needs.

In rural communities, where the health worker carries such a variety of responsibilities, the program would be seriously affected if the worker did not have the training of a nurse. In many sections in Central Europe the incidence of trachoma is very high. We accompanied a nurse in an Hungarian village when she opened the health station to hold a trachoma clinic. The room was very small and as I tried to make my way out to give room for the patients waiting for treatment, I counted forty-six men, women and children, and more were coming. The nurse treated sixty patients before she left. That same day she had another large trachoma clinic in another village. The Health Officer had examined all patients and given orders for treatment, but he himself treated only the cases needing surgical care. There is little doubt about the value of a nurse's training in carrying on this program.

Moving a little farther east in Europe where nursing education and public health programs are of recent development, it is very refreshing to see what can be done when unencumbered by traditions. In these countries the great need has been for public health workers. Therefore the basic idea in schools of nursing is to prepare public health nurses. Every new graduate is needed for a specific public health post.

The nurse therefore must be given as much public health training as possible during her undergraduate days, for no time can be lost. Consequently we find the curriculum well larded with lectures on the numerous aspects of public health. Field experience in public health nursing is understood to be as essential as bedside nursing experience in the wards of the hospital. Some schools have a two-year basic course for either public health or hospital nurses with the addition of six months in either specialty. Separate diplomas are given. A nurse may of

course take the full three years and thus be prepared for both hospital and public health work.

These schools are closely connected with the government machinery for public health. The health officer who is responsible for planning the health program for the country is vitally interested in the product turned out from the schools. Most of the public health lectures are given by physicians from the University faculty and Central Hygiene Institute so that the pupils derive great benefit from those most ably fitted to stimulate their interest in public health. As many of these young men are carrying on interesting studies at the Institute we find the young graduates from the schools of nursing approaching their problems in nursing with the same analytical interest. They have learned a technique in measuring their work which is invaluable to them in proving their point when confronted with sceptics regarding changes in policy. One intelligent young nurse had assembled her facts in admirable fashion and had convincing material to prove the advantages of a generalized nursing program to a protesting committee made up of specialists in whose clinics she had converted pet specialized workers into a generalized nursing staff. These nurses have courage and a determination that comes from a knowledge of how much depends on their own personal ability to carry through their plans. As one intense young nurse, feeling the weight of her responsibilities as supervisor of an important health project said, "But it's the first time a nurse has been on its head."

In the face of public health problems which are staggering in their magnitude, with budgets cut in countries which are just beginning to find their way out of post-war difficulties, you get a sense of splendid team work between the groups who are studying and planning programs in health work and the interested, courageous young nurses who are in the field making these plans a reality in the lives of the community. Hampering traditions such as we know in American and English institutions are not apparent in these eastern countries. The health officers and nurses, receiving much of their training at the same source, work out their problems with an eye to what is needed for the future rather than with worshipful awe of the past. You find the health officer and the director of the school of nursing serving on the same commission and the director of public health nursing perfecting nursing records to increase the value of the studies which the Hygiene Institute is making in disease prevention.

It is this close relationship between those who are doing the constructive thinking for the whole health program of a country with those who are preparing the personnel to carry out the program which gives to nursing education in Eastern Europe its sound foundation. With such a basis of intelligent discussion of common problems, public health work should have a steady, vigorous growth. In this growth nursing is proving itself all along the way.

The Special Committee of the Health Section of the League of Nations which met in Budapest last October made a very important point for public health nursing of the future. The report states that "The Conference recorded in emphatic terms its opinion of the value of public health nursing work. In regard to the question of generalized and specialized health nursing in rural districts, the Conference was unanimous that the generalized type of nursing should be the rule." In considering the preparation of these public health nurses it was agreed that the nurses should be in possession of diplomas as general public health nurses from a recognized or State school. It was further decided that when it became necessary to extend the health service in the absence of sufficient graduate nurses, it might be wise to resort as an emergency measure and *only temporarily* to the services of a personnel which had received only elementary and partial training. This method should be ap-

plied only on condition " that it is altogether provisional, and on the understanding that the personnel so employed shall leave the service * * * as soon as they can be replaced by *graduate public health nurses.*"

Now that the nurse's training in the care of the sick has been recognized by health authorities as basic to good public health work, I am wondering if the " nursing reaction " which these workers have acquired will not focus attention on another problem in public health which must be squarely faced. That is the question of giving and teaching bedside care in the homes. In one rural section the supervising nurse said, " We have just had to give enough nursing care in cases of acute illness to teach some member of the family. How can you go in and teach public health with the family's whole attention focussed on someone sick in the home? "

In one city where conditions among the people are unbelievably bad due to unemployment, poverty and the lack of hospital beds for tuberculosis patients, the nurses visiting from the health center felt almost hopeless. One of them said, " If we were only allowed to give bedside care we would feel we were doing something for them." The feeling on the part of the health agency that there are not enough nurses to be spared for bedside nursing overshadows the fact that there is waste in health visits where poverty makes health advice difficult to follow.

The question of medical care for sick patients where hospital facilities were inadequate was frankly faced by the Committee of the League Health Section quoted previously. The report states that " the Conference recognized that one of the first responsibilities of a governmental health agency is to make provision for the treatment of the sick." There was no allusion to nursing care in this treatment, but one wonders if this does not open up some interesting questions for future solution.

The question of bedside nursing in the homes as a part of the community health program is of especial interest in these countries where social laws in regard to health and sickness insurance play such an important part. Most health centers receive funds from the sickness insurance companies because the health center provides health supervision for the insured for whom the company is responsible. This gives a definite relationship between the insurance company and the governmental health agency.

At the time I was visiting in one of these countries, an officer of an insurance company was very active in arranging interviews with the directors of the two leading schools of nursing. He wanted nursing service for the home care of policy holders and, as there was such a limited number of graduate nurses, he wanted to find out all about how to organize his own school of nursing.

If the government agency provides health service for the insurance company, is it illogical to expect that some day this same government service will provide nursing care for the company's sick insured? With these additional funds what a splendid generalized nursing service the community could afford. It is easy to dream of the teaching center which would provide the most complete experience in generalized public health nursing for the student nurses of the local schools.

Such a center would be invaluable to the supervisor who said to me, " I would like to teach my nurses how to demonstrate bedside nursing care to their families, but I have so much public health to teach them I haven't had time."

This is a very significant remark. This nurse was trained in a good school of nursing, her " nursing response " to sick patients was the natural result of her training, but she looked upon bedside nursing in the home as something difficult to teach which must take special time and preparation. Is this due to the fact that she went directly from the hospital into a public health organization which gives no bedside care, instead of taking the so-called

"visiting nurse" experience as an adaptation of hospital technique, the logical first step from ward experience, which has been the method pursued by Teachers College and other American institutions for public health nursing?

In conclusion I wish to emphasize a few points which seem to me especially significant:

First, the change in requirements for public health workers in England and Scotland which places the emphasis on a basic nursing training.

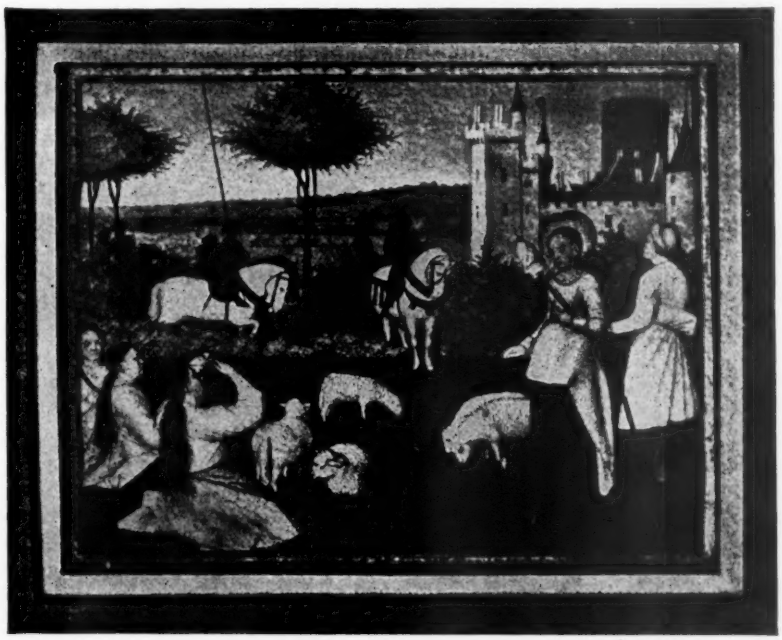
Second, the British Local Government Act of 1929, which seems to be giving health officers a more direct interest in the education of nurses.

Third, the decision of the League of Nations Committee that public health workers should be graduates of a recognized school of nursing.

Fourth, the place of public health in the undergraduates' training in countries where health officers and nurses are working together on the educational programs.

And finally, the interesting possibilities for the future of public health nursing in connection with the great "Sickness Insurance Scheme" in Europe.

LEAGUE CALENDARS FOR 1932



This year there will be two calendars issued by the National League of Nursing Education in response to requests for calendars for different uses. For the artistically minded there will be the usual type of calendar, this year made up of copies of pictures of *Nursing Saints* by famous masters. Giotto's fresco of St. Francis and the Birds from the Upper Church at Assisi, will be the frontispiece in colors. The "useful calendar" for executives, head nurses, and others who need an appointment pad will have space for a week's engagements on each sheet, with a quotation from the literature of the League.

The Nursing Saints calendar will be sold at the usual price of $1 for single copies, or $.75 in lots of fifty or more in one shipment. Buy for $.75 and sell for $1.00 and make money for alumnae and League activities! The appointment pads will be sold for $.50, as single copies, or $.40 in lots of twenty-five or more in one shipment.

All orders should be sent to the National League of Nursing Education, 450 Seventh Avenue, New York, N. Y.

Mental Hygiene Activities in Public Health Nursing Organizations*

By RUTH GILBERT, R.N.

Assistant Director, National Organization for Public Health Nursing

A FEW years ago any of us, as nurses, might have found our conception of the meaning of mental hygiene in one of the following categories: Mental hygiene and mental disease are one and the same; mental hygiene and mental defect are synonymous; mental hygiene is a fad; something abstruse and "high flown"; something bizarre and dramatic; mental hygiene is information guaranteed to make social workers of all of us; mental hygiene is a content of knowledge which we would be glad to possess had we a bit more time. None of these conceptions is far-fetched in this connection. Sometimes, in fact, we have suffered from a combination of a number of them and have felt like Stephen Leacock's knight who "mounted his horse and rode rapidly off in all directions."

In contrast to all of this, is the growing recognition that mental hygiene for nurses has had as its purpose simply the enrichment of the services nurses already are prepared to give.

A few years ago—one hesitates to date back the activity even so far—the relation between nursing service and mental hygiene was vague—almost non-existent. We were becoming interested in the relationship but the outlines remained indistinct. The story of a small boy who on a very windy day was seen standing on the crest of a hill, kite string clasped tightly in his hand, his eyes searching the sky, illustrates the point.

"What are you doing, little boy?" said a passerby.

"I'm flying a kite."

"I don't see any kite," said the questioner, searching the sky in his turn.

"Neither do I," said the boy, "but I can feel it tug."

For some years we have been feeling the "kite tug." Now we are in the process of pulling our "kite" in a bit so that we may see more clearly this active force which so claims our attention.

AN INTEGRAL PART OF NURSING SERVICES

Nineteen public health nursing organizations now employ a mental hygiene supervisor on a full-time basis. These represent both large and small urban programs. The Boston Community Health Association has such a supervisor with two assistant supervisors. The Minneapolis Visiting Nurse Association and Providence District Nursing Association also have found it advisable to employ an assistant to the mental hygiene supervisor. The two former organizations represent the geographical extremes of the group—the one in the East and the other in the West; for no organizations west of Minneapolis or in the South are trying out just this method of bringing mental hygiene to their staffs.

Of these nineteen organizations but two are official agencies—the Bureau of Nursing of the Department of Health at Syracuse, N. Y., and the Bellevue-Yorkville Health Demonstration, a Milbank Demonstration. The remaining seventeen are visiting nursing organizations or such organizations as the United Workers of Norwich, Connecticut, and the Association for Improving the Condition of the Poor in New York City, where both social workers and nurses are employed. Four of the organizations employing mental hygiene supervisors are of the

* Presented at the New England Division of the American Nurses Association, Portland, Me., April, 1931.

latter type. Two others of the nineteen are specialized agencies. These are the Infant Welfare Societies of Chicago and Minneapolis serving an age-group for which a knowledge of mental hygiene principles is of the utmost importance.

Even the organizations which have employed mental hygiene supervisors over a period of years with keen delight over the result probably would not feel that such a program is appropriate to, and must be adopted by all up-to-the-minute public health nursing organizations. Various features of the community or of the organization itself might make such a step unwise now or at any time. Many organizations could not afford to put such a plan into operation.

A substitute for this plan, or other and perhaps quite different means for reaching the same ends, remain practical problems needing solution.

Here are various plans other than employment of a full-time supervisor for bringing mental hygiene to nursing staffs, which are being put into effect or are being considered by directors of public health nursing organizations at the present time:

A visiting nursing organization in a large city has entered into a coöperative arrangement with the local Child Guidance Clinic through which the chief of social service of the clinic gives a half a day a week as consultant to the nursing organization. The plan was started in a unique and thoughtful manner. To quote from a letter from the director of nurses:

> The program has been approached slowly and with extreme caution. The initial step was to give the psychiatric social worker a thorough understanding of our nurses, their background and preparation for their jobs, and to familiarize her with the policies and standards of the organization. She visited our district offices, accompanied staff nurses into the homes, had individual conferences with our entire supervisory staff and learned their objectives and problems. Not until there was an assurance that she had a real appreciation of the nurse and how she functioned in the community, was an attempt made to commence this work. As now functioning, the plan is as follows:
>
> The psychiatric social worker gives one-half day each week to the visiting nurse association. Under the guidance of our educational director, a special supervisor is responsible for the details of the plans as arranged by the psychiatric social worker with the nurses who are needing special help at the time.
>
> The nurse visits the home of the average case about once in two weeks. Written reports of these visits are routinely sent to the clinic and recommendations of various kinds are made from time to time by the psychiatric social worker under the direction of the psychiatrist.
>
> This program has stimulated the keen interest of Board Members, as well as supervisors and staff. Occasionally the former attend the group conferences. The nurses who have not worked on a case study with the clinic have profited greatly by the discussions and conferences. Practical suggestions for busy mothers in handling normal children have been most successfully used.
>
> We have been most fortunate in the selection of the Psychiatric Social Worker for this project. She is convinced of the value of the nurse's contribution to the field of mental hygiene. It is conceivable that a less open-minded and sympathetic person would be less successful in such a plan as has been developed.

This organization is to be congratulated on effective use of community resources. One wonders how it has been possible to accomplish so much that is worth while with only half a day a week from the consultant. An obvious danger of this limited amount of time from the consultant might be the emphasis on the problem case to the exclusion of much of the perhaps more fundamentally preventive rôle of mental hygiene. Mental hygienists have heeded so particularly the wrongs of the "physically oppressed, the mentally distressed and the criminally involved," that the needs of the more normal member of the community sometimes temporarily have been forgotten.

We are still much more ready, for example, to recognize in a child the fruits of his inadequate preparation for the arrival of a small brother or sister, than to have appreciated the opportunity for preventing his unhappiness before the new baby's arrival. We must "catch up with the procession," and learn to recognize and evaluate the constructive or dangerous factors in any current situation. This statement is by way of generalization and does not

apply directly to the organization just mentioned.

Another public health nursing organization in a city of about 150,000 population is preparing to employ a mental hygiene supervisor jointly with the local family welfare society. It is planned that this worker will function in an educational and advisory capacity with the nursing organization, and as a case worker with the family society—a plan of work which shows a keen realization of the rôles which it is felt mental hygiene should play in these respective types of organization. This is believed to be the first attempt at such a plan of operation other than in organizations where both nurses and social workers are employed.

In another large city where a mental hygiene committee has been functioning for a year, a psychiatric social worker is to be "loaned" by the committee to the local visiting nurse association as a full-time mental hygiene supervisor for a year's experimental period.

The suggestion has been made that mental hygiene education and supervision on a territorial basis—state or county—may solve the problem for many communities. And at the present time a State bureau of child hygiene and a county public health nursing organization (non-official) have expressed a desire to employ a mental hygiene supervisor who would carry out an educational and advisory program with the nurses who are either literally or by courtesy under their supervision.

For some of us any of these plans is out of reach. We might do, however, as did the visiting nurse staff in a small city in Illinois. These nurses formed a study group using in addition to material supplied by the Illinois Mental Hygiene Society, lesson plans studied by a local mothers' group. "We can't let the mothers get ahead of us," the director said.

Individually much reading and study is being done by nurses along mental hygiene lines. Letters addressed to the National Organization for Public Health Nursing show, also, that a number of nurses are interested in the year or more of intensive study which is a requisite for positions as mental hygiene supervisors in public health nursing organizations.

MAKING ALL CONTACTS MORE PRODUCTIVE

The emphasis in the majority of these experimental programs is increasingly on the preventive aspects of mental hygiene and decreasingly on the solution of acute problems of individual patients. Problems involving intensive psychiatric social work treatment do not belong in the province of the nurse. Also, instead of dwelling solely on developing ability to recognize problems, the trend is to go deeper, and to develop ability to recognize problem situations before actual "symptoms" appear. To illustrate preventive work done by a nurse who recognized a problem situation, comes the following example, the facts taken from a nurse's record:

> A generalized nurse attached to the staff of a visiting nurse association gave prenatal supervision to an expectant mother who had been married fourteen years with no previous pregnancy. Both parents keenly desired the coming child and centered their whole life upon it to such an extent that the mother resigned from all community activities after arrival of the child. The nurse, as she gave postpartum care and advice, and started the infant on its regime, was able to show the mother that a "spoiled" baby and overwrought parents would be the result of this excess of care, understandable as it was under the circumstances. No additional time for visiting was needed by the nurse in this instance, in helping to avert the danger of a future "problem child."

If we are placing our emphasis on preventive work and on the possession of a constructive point of view on the part of the nurse, the maternity, infancy and preschool service perhaps will be in the forefront of our minds. But the same logic carried further, shows the same point of view to be essential in service to all age groups.

Further, the nurse can render a unique contribution to the existing body of mental hygiene knowledge through a service distinctly her own.

As Grace Marcus has said, we must develop the "mental hygiene of morbidity." The psychology of the sick man or woman is in a way a thing apart. At least our knowledge of emotional trends during illness has never reached that point where it can be applied consistently. The tuberculosis patient is somewhat of an exception to this statement. The permanently bedridden; the temporarily bedridden; the toxic patient; the shocked patient; the patient who has undergone an operation such as an amputation or an hysterectomy—the nurse must study the emotional reactions of that patient that recovery may be easier and more complete. One cannot limit this "mental hygiene of morbidity" to adults entirely, however. One very neat point that frequently confronts the nurse is, how far should regular regime and necessary training be carried on with the convalescent child? In how far is the recovering whooping-cougher unwittingly retaining his whoop for purposes of his own? Similarly, one thinks immediately of the many cases of enuresis following childhood illness when there is no traceable physical residual of the disease.

MENTAL HYGIENE OBJECTIVES

The September number of PUBLIC HEALTH NURSING carried a formulation of Objectives in Public Health Nursing. Included in them were mental hygiene objectives for public health nurses as follows*:

I. To make more productive all of the nurse's contacts with individuals and families through her better understanding of human psychology and teaching methods.

II. To increase her awareness of the significance of variations of human behavior so that she may make more intelligent use of mental hygiene resources.

III. To equip the nurse to assist in the care of the mentally sick in their own homes.

Two instances may serve to make more concrete the objective which reads: "To make more productive all of the nurses' contacts with individuals and families . . ."

Nurse-patient relationships come to mind at once as a first application. Nurses, like members of all professions, enter upon their work with need for certain satisfactions. The public health nurse who is received in a home with marked cordiality, whose advice and information are listened to by the mother with evidence of interest and with large promises for future fulfillment, is more apt to leave that home in a glow which is somewhat satisfaction over supposed accomplishment, but largely a warm feeling of personal success. She is quite unaware of this. And we have all felt it. On the other hand, turned away from a door, greeted perfunctorily, shown no evidence of progress since her last visit, the nurse may leave with a sinking of the heart that is out of proportion to the situation and could be analyzed objectively by the nurse herself as distress because the patient has not liked her personality. She dreads the return visit to this home and may rationalize her failure to do so until her former contact is entirely lost. A clear-sighted awareness of the emotions at work in such an instance makes for consistent, objective handling of the situation.

As a second illustration—the old term "uncoöperative patient" has vanished during the past few years. A more just phrase such as "Unable to gain coöperation of patient" now appears on nurses' records. The "feeling value" to the patient of the nurse's work is becoming a part of the nurse's awareness. She is realizing that the patient's reaction to her is the result of many former experiences, remembered or not remembered. Nurses who have worked with the foreign-born have stated that of all nationality groups, the Polish people in America are among the most difficult folk to

* These objectives have been approved by the Joint Committee of the American Association of Psychiatric Social Workers and the National Organization for Public Health Nursing. A formulation of some of the committee's discussions will appear soon in PUBLIC HEALTH NURSING. Readers are also reminded of a study of mental hygiene programs in public health nursing organizations made by a committee of the American Association of Psychiatric Social Workers, appearing in the November, 1929, PUBLIC HEALTH NURSE.

whom to gain access. The nurse better understands this and like problems when she realizes that Poland has been for centuries a trampled meeting ground for European countries whose knock on the door meant unwelcome authority. What wonder if a Polish woman hesitates, often for months, before she is willing to open the door of her life to a public health nurse?

CAN WE EDUCATE OURSELVES?

We are confronting in the main an educational problem—how to get this education ourselves as nurses, and how best to pass along what we learn to families and to individual patients with whom we work.

At present little mental hygiene training is available to the nurse as an undergraduate—the logical place for her to gain this insight into her work. Graduate courses are adding this material, however, and, as has been pointed out here, staff nurses are acquiring a working knowledge of mental hygiene principles through various means.

The nursing profession is by no means alone in needing this education, however—a discouraging fact in itself but somewhat comforting to us. Dr. George L. Stevenson of the National Committee for Mental Hygiene, writes in the *Journal of the American Medical Association* for March 28*:

> Mental hygiene depends on the willingness and capacity for coöperation of a number of co-equal groups, no one of which can assume too much authority. This entails an extensive improvement in professional education so that the teacher will teach better, the social worker and public health nurse will do their jobs better, the judge will plan better for his cases, the minister will guide better, and the physician will see his problems with their broader implications. This last means a new shading, not an added subject, to medical education (as to nursing education). The mental health activities of a community cannot get ahead of these advances in professional training. The clinic can provide service to the few cases whose mental hygiene needs exceed the capacities of other agencies in the community; it can shoulder the jobs of others only temporarily and pending the development of these capacities. . . . The mental hygiene of a community is a compound whole community job in which the clinic provides leadership and a limited specialized service.

* A limited number of reprints available from the N.O.P.H.N. or National Committee for Mental Hygiene, 450 Seventh Avenue, New York City.

"DISEASED" BUILDINGS

Several articles have appeared recently in medical journals calling attention to inaccuracies often noted in scientific terminology, or nomenclature, not only in secular periodicals and newspapers but in technical bulletins as well.

A well-known tuberculosis laboratory has issued a circular announcing that a "Tubercular Building" for children was to be erected. This is a misnomer commonly used even among medical workers. Those who know have repeatedly pointed out that a diseased organ may be "tubercular," but the patient is "tuberculous." It is to be hoped that the building in question will not suffer from this type of organic disorder, at any rate not for some years to come.

In the field of mental hygiene it has been necessary to explain to the uninitiated the difference between "mental defect" and "mental disease." But we too have been careless with our psychiatric vocabulary. Why the "Psychopathic Hospital"? There may be "Psychopathic Social Workers" but state hospitals and mental hygiene clinics try as far as possible to employ safe and sane "psychiatric" social workers. Facetiously, and for the sake of brevity, professional workers have referred to students of mental deficiency as the "feebleminded group."

"Insane" is a good old fashioned word, try as we might to discard it as a medical term, but why announce, as does a current bulletin, that the foundations have been completed for two "disturbed buildings" and two "epileptic buildings" for the ——— "insane hospital"? Have you ever seen a "nervous hospital"? But even the purist is stumped at "mental institutions," the phrase has come into such general use. The technologists have given us the televox, the electric man and the robot, but it takes a psychiatrist to endow a hospital for the insane with mind.

The School Nurse Meets Social Hygiene Problems

By RUTH SMALLEY
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THE school nurse, the first outside worker to become a part of the public school system, has had to be pretty much of an all-around athlete. The duties thrust upon her have been many and varied. Sometimes it has seemed that everything no one else wanted to do has fallen to her. And this has been true especially of those jobs lying within the province of social hygiene. Children who scribbled obscene words in school toilets or on circulated notes, children who masturbated, children whose parents reported absence from home at night, usually were sent with all dispatch to the school nurse, while the baffled teacher washed her hands of the whole affair and thanked heaven that somebody was "going to do something about it." Just what has this Somebody done?

The school nurse, because of her status, her background, her association in the minds of school and home people with the doctor, is in an excellent position, if prepared, to handle such questions constructively both with the child himself and with the excited parent or teacher. Yet, often, not understanding "what makes children do such things," her own emotionally colored attitude about all matters of sex carrying over into the new situation, she has been unable to do anything more than utter a few words of shocked reproof, convincing the child of his hopeless depravity without helping him to understand himself or to control and direct normal impulses into channels which would make for his own eventual happiness and that of the group. Moreover, teachers or parents, who look to the nurse for help in knowing what to do when the "culprit" returns to the classroom or to the home, too often have their feeling against the wayward child merely intensified by the nurse's own embarrassed attitude.

What about these "sex offenders," ages five to sixteen, in the public schools? What makes them act the way they do? How can the nurse in the school handle this type of problem most effectively for the home, for the school, and for the child himself?

The boy or girl who comes to school after having spent the first few years of his life practically monarch of all he surveys, is having his first experience with society—that is with group living. He is bound to bump into rules, conventions, and restrictions adopted by society for its own best interest and orderly maintenance, which are going to interfere with his individual, egoistic strivings. And if he is to become an effective, conforming member of the group, he is bound to need help in learning how to adjust himself to necessary social restrictions. Sometimes his initial fumblings come in the field of personal property. He keeps right on taking what he wants, as he did when he was a baby. Sometimes, these come in the field of distinguishing what is true from what is false. He wants to continue making up fancy yarns that have always impressed the adults in his small environment or have extricated him successfully from unhappy situations in the past. Perhaps he is repeatedly getting into fights on the playground or in the classroom, showing his difficulty in learning to be just one of the group and his feeling of rivalry and hostility to all those contemporaries who are threatening his sense of importance. Sometimes it is in the field of sex that he is slow to make a satisfactory adjustment to group living.

The school has become increasingly

aware that the discipline of children for any type of problem, if it is to be successful over a long period of time, must be educational in tone rather than authoritative only. Most parents, most teachers, most social workers and nurses have in the last decade become far more matter-of-fact and consequently far more intelligent and effective in their handling of whatever disciplinary problems have come their way, with the exception, in all too many instances, of those problems which in any way involve the factor of "sex." "Sex problems" have continued to be looked upon as something apart, instead of being recognized as a phase of the child's total job of learning to understand himself and to adjust that self to his environment. Parents, teachers, and nurses who can discuss his conduct with the child rationally, in a way which allows him to see that conduct objectively and to evaluate it in terms of whether it will or will not make for his own ultimate happiness, go to pieces, become reticent, embarrassed, angry, or horrified if the conduct under discussion is concerned with "sex." This reaction is understandable enough, perhaps, in the light of the strong taboos surrounding the subject—taboos necessary in some measure for the control and direction of a force so powerful for society's triumph or undoing, but taboos which have resulted in feelings of shame and self-abasement instilled in children when they are very young, from which they too often never completely recover; which later color their handling of similar problems with their own or other peoples' children. Such feelings complicate instead of facilitate an adjustment which, stripped of its emotional hangovers, need not be so difficult after all.

When a "sex-problem-child" is sent to the school nurse—frightened, crying, sullen, bold, defiant, evasive—what shall she do to clear the ground and make possible an interview worthy of her professional status which shall be of real help to the child? Before she can help, she must comprehend—she must understand the child before her. The family history helps here. What does the school nurse recall of home conditions? If the child is a pupil in a large city system, what can the visiting teacher tell her of the home?

In many instances, simply through her unshocked, uncritical attitude, the nurse can convince the child of her real and friendly interest in him so that he is able to talk about himself freely enough to enable the nurse to know what is the wise thing to do or say in his particular case.

All children have difficulty in adjusting to group living. Why is one child's difficulty sufficiently greater than that of his fellows to bring him into conflict with the authorities? All children are interested in their own bodies—how girls differ from boys, where babies come from. What has occurred to make the normal interest of this particular child precocious or exaggerated?

Sometimes the difficulty lies in the home, where the parents, themselves sex-shy, have communicated to the child a feeling of mystery which has intensified his natural curiosity.

I remember the mother of a six-year-old girl saying to me, "No, Mary is not a bit curious about those things. I keep it all from her. Just the other day I said to her: 'Mary, where have you been playing?' She said, 'In Louis's back yard.' Louis is a twelve-year-old boy. I told her, 'Mary, don't you ever let me catch you playing in a big boy's back yard again. For that you can go to bed without your supper.'"

And there the matter was dropped. Is it surprising that Mary, not daring to question her mother, began to wonder why she ought not to go into the back yard of a boy; why the taboo on boys and not on girls? What might happen in a back yard that was so dreadful one had to go to bed without one's supper after being there? Why was mama so flushed and queer?

How can the school nurse do for Mary what her own mother was unable to do—satisfy the child's curiosity in an unemotional way which will quiet

rather than excite her? She must show no "horror" when the kindergarten teacher reports that Mary is pulling up her skirts in front of little boys, and she must help both the teacher and the mother to see that the child's behavior is the normal reaction of a normal child to an unfortunate parental attitude. Karl de Schweinitz's book *Growing Up* is of great help to many nurses in presenting sex information when this seems advisable. Sometimes the nurse turns the book over to the mother; sometimes, when she thinks the mother would be unable to handle the matter satisfactorily, she herself discusses it with the child. In any case, what she says is never so important as how she says it. It is her feeling about "sex" which is going to be communicated to the child, the teacher, and the parent, and color the attitude of each of them for better or for very much worse.

Sometimes a child is starved at home for affection which she needs and which she should get from normal family relationships. Perhaps she is the ugly duckling nobody likes. Perhaps her mother and father, constantly quarreling and bickering themselves, have no time for this child, and when she makes some effort to get affection which they have failed to give her, withdraw still farther from her impatiently, so driving her more and more deeply into the only way she knows of finding a substitute for tenderness.

Lorna was sent to the school nurse because the teacher would not have "that nasty child in the room another day." She was masturbating constantly. A pale, stoop-shouldered child, eight years old, rather dull, born of Polish parents newly come to this country, Lorna was herself, of course, quite unaware why she was unable to give up the babyish habit. True, she was a newcomer in the school and had no friends, and the teacher actively disliked her and showed it. There were four children younger than she at home who were taking all of her overworked mother's attention, and her father was drunk the greater part of the time that Lorna saw him.

When they begin to find happiness and interests in the world around them, most children drop the infantile habit of seeking pleasure in their own bodies, an experiment entirely without sexual significance to the very young child, unless such is given by the attitude of the adults in the environment. But Lorna's mother paid no attention to her, school success was difficult if not impossible, she had made no friends—she was unable to give up the only avenue of satisfaction open to her. What the nurse said at this time, what the child thought the nurse thought about her, was of the greatest importance. Would the nurse confirm the suspicion, awakened by the attitude of other adults in her environment, that she was a thoroughly bad little girl? Would the nurse tell her she would go crazy if she kept up the habit, that it would make her stupid, or sick, that she would turn out to be a thief? All imaginary consequences, without foundation in fact, so often cited by adults in a vain attempt to frighten a child out of a habit whose only serious effect is the feeling of shame and guilt which accompanies it, and the time and energy it takes from work and play. Should the nurse prove to be just another condemning adult, Lorna would be more careful to hide her habit, but it would become increasingly necessary to her in an atmosphere increasingly hostile.

The wise and thoughtful nurse, instead of scolding Lorna, will spend fifteen minutes in helping her feel she has found a friend. The nurse is then in a position to discuss, in a matter-of-fact way, this habit common to many children, which children like to outgrow because it takes so much time from school and play. The nurse may also be able to communicate her own attitude to the teacher, so that the teacher may make it a point to notice Lorna in little ways, give her monitor jobs in the classroom and keep her physically active. When the teacher realizes that the nurse, whose opinion

she respects on all questions of health and hygiene, looks upon the habit of masturbation just as she might look upon any babyish habit, such as whining, thumbsucking, or enuresis, and is not horrified by it, the teacher herself may be helped to build up a healthy attitude toward this child, and toward all other children with similar problems. If the nurse can handle the situation in this way, she will have made a real contribution to social hygiene, reaching far beyond the individual child who has been helped.

Masturbation is found often among dull boys or girls of all ages who are unable to win healthful attention. It occurs also in very bright children who need help in finding happiness and satisfactions outside of, rather than within, themselves.

In adolescence, "sex problems" often crop out where there is no adequate provision for recreation with members of the opposite sex. Insufficient school and community organizations, too strict admonitions to "leave the boys alone," or "leave the girls alone," make the writing of "mash notes" or sneaking off to the woods seem like attractive, romantic adventures.

Every one knows the dull, pretty, adolescent girl who can shine only in her relations with boys. How can the school nurse help this girl to feel her friendly interest? How can she point out to her that she is satisfying a normal impulse in a way which will make her eventually undesirable in the eyes of the very boys she wants to attract? How can she work with the teacher to plan ways of giving this child opportunities to work with boys on school committees or in school plays, so that all her relations with the fascinating male need not be *sub rosa*? Too often, a disgusted attitude on the part of the teacher or parent is mirrored by the school nurse, so that all adults are classed together by the young adolescent as a disapproving and not-understanding faction whose watchful eye one must strive to escape.

Occasionally an early sex experience intensifies normal sex interest and leads to difficulties which parents and teachers are at a loss to handle. An eight year old girl was found to have gonorrhea. On investigation, an early relationship with a grown man was found, from whom she had contracted the disease, which led to relations with one of the schoolboys. The girl was kept out of school, of course, until the physical condition was cleared up under treatment arranged by the school nurse. The boy was sent to a corrective institution by the juvenile court. In a year's time both children had returned to school and were sent to the nurse before being admitted to their classrooms. To each of them separately, the nurse said that she was glad they were back; she complimented the little girl on looking so well, and then she had long talks with the respective parents. The little girl's father and mother were convinced that their daughter was bad, "no good," she "got it from a relative," she was "just like Aunt Mamie." They could hardly look any one in the face because they were so ashamed. The nurse discussed the matter with them in an unemotional way, explained that the child was perfectly well now and that now, more than ever, she needed to feel that her parents trusted her and cared for her. The parents were amazed to see that the nurse still liked their little girl. Perhaps she wasn't so bad after all. With the parents of the boy, the nurse had a similar interview. She made the boy health monitor of his room. (The reason for his year's absence was not known to the other children.) In talking with the teachers of each of the children, the nurse communicated to them her feeling that these children were not doomed to everlasting perdition, but that with sane, wise handling were potentially useful and happy citizens. It is a year since Mabel and Salvatore have been back in school. They have made exceptionally fine records. There has been no disciplinary trouble with either of them.

Whether or not to have sex instruction in the public schools is a moot

question. Probably it will eventually have a place as part of a general course in hygiene taught in the sixth (the preworking paper) grade and again in the eighth grade. Until that time, individual children, whose confusion about or inadequate knowledge of this subject is driving them to unwise experiments, will often be sent to the school nurse for "guidance." Adequate sex information is one of the best safeguards against antisocial behavior. Not that such information need be thrust down the throat of any child, but that it may sometimes be given very profitably by a properly qualified person to certain children.

The school nurse, coming into contact as she does, with thousands of children, healthy and ill, is in a position to be a sane, controlling factor in the province of social hygiene to help clear away the mists of emotionalism which have so long obscured real problems confronting both the child and the school, and to make possible the healthy development of school children in this as in other directions. She can make her finest and broadest contribution when she is able to abandon the rôle of judge and moral arbiter in this field, and maintain her professional, noncritical attitude toward hygiene—social as well as physical.

Nursing Activities in the Control of Syphilis and Gonorrhea

Under Boards of Education and Boards of Health

WHEN the regular salary questionnaire sent out by the National Organization for Public Health Nursing was in preparation, in 1930, it was thought an opportune occasion to secure information on the activities promoted by the nursing services of health departments and boards of education relative to venereal disease control. The request to departments of health read: Please give the nursing service rendered by your department in relation to syphilis and gonorrhea; and to boards of education: Please give the nursing service rendered in the schools in relation to syphilis and gonorrhea; particularly vulvovaginitis and manifestations of congenital syphilis.

COMMENTS FROM BOARDS OF HEALTH

Replies were received from 76 boards of health, of which 63 or 85.5 per cent answered the question regarding syphilis and gonorrhea.

Nineteen health departments reported that public health nurses in their service have no direct connection with the care of cases of syphilis or gonorrhea. (This must not be taken to mean that facilities do not exist for this purpose; they may or may not.)

Fifteen reported that public health nurses are engaged in clinic service only.

Sixteen reported that public health nurses do clinic and follow-up work.

Thirteen do follow-up only.

Some of the comments from boards of health reveal a fine recognition of the service public health nurses are prepared to render in this field, others hint at a misuse of her service, and still others remind us that the attitude of aloofness in relation to these conditions is hard to change. Excerpts from the reports follow:

"Treatments for gonorrhea in women, and syphilis in both men and women, are administered by the nurse under supervision of the medical director of the venereal disease clinic. Examination of all food handlers (women) for working permits are handled by the nurse, examination of prisoners (women) from city and county jails, and examination of juvenile and other delinquents."

"Only one investigator nurse. She investigates source of infection, compels treatment, etc. Clinic nurses assigned also to dispensary V.D. clinics with usual duties.

Our V.D. clinics average 5,000 treatments monthly."

"The Health Department conducts one clinic a week for treatment of syphilis in which special cases are handled—mostly from those discovered in routine examinations of food and milk handlers. A nurse from the Health Department assists in the clinic and follows up the cases."

"We are conducting five venereal disease clinic sessions for men and five for women, each week. Nurses do not assist in the men's clinics, but one nurse has charge of the women's clinic. She is assisted by other staff nurses who are sent for three-month periods that they may all have this experience. No home calls are made on men, but women and children are followed into their homes to receive instruction."

"No nursing service is rendered except helping in the office during the general venereal clinics."

"All female cases lapsing treatment are followed up by our nurses. All male cases lapsing treatment are followed up by our male inspectors."

"A special supervising nurse assists in clinic for syphilis and gonorrhea five afternoons weekly. A field nurse assists in children's clinic for syphilis one afternoon weekly, from which all cases are followed up by field nurses. Special supervising nurse and one field nurse assist in prenatal clinic four mornings weekly where routine Wassermann tests are made. Each case is followed up by field nurse.

"Our staff education director has been available to the preschool mothers of the Parent-Teachers' Association and other groups for informal talks on sex education. Her preparation for this was under Dr. T. W. Galloway, 3 weeks, and 6 weeks at Chautauqua under Dr. Swift, both of the American Social Hygiene Association. Our own nursing group have had some study in sex education and are utilizing this in their home contacts."

"All patients at our prenatal clinics have routine Wassermann and Kahn tests, smears for gonorrhea as indicated, and are urged to take treatments at the special prenatal venereal disease clinic and are refused care unless weekly treatments are continued. All patients who are delinquent over two weeks are given to our district nurse for follow-up. The babies of syphilitic mothers are given a routine Wassermann at 6 weeks clinic and a special syphilitic clinic for babies is carried on with great success.

"The gonorrhea and vaginitis cases found in pediatric clinics are given to our public health nurse for follow-up. So far we have had no request for service to the adult gonorrhea clinic.

"A very close coöperation exists between the Venereal Disease Department and the Bureau of Public Health Nursing; in fact, the social worker of this clinic is paid by our department."

"Three prenatal clinics are held for white women in various industrial sections of the city. The nurse in each center is responsible for information to patients and assists in getting these cases to clinics for treatment when found to be infected. One white nurse is engaged in this work.

"One colored nurse works from the Maternity Department of the City Hospital. She is instrumental in getting cases to the clinic for examination and follows up all the four-plus Wassermann cases in the homes. She is also responsible for follow-up work of infants who show positive cord Wassermanns.

"No other intensive work of this kind is done by nurses, but cases detected among school children or when visiting in homes are referred to clinics for treatment. A great deal of treatment is given by the two city physicians at the City Hall."

"A detective sergeant from the Police Department is assigned to do follow-up work and other necessary work."

"There is one man employed by the Department of Health to follow up all lapsed cases."

COMMENTS FROM BOARDS OF EDUCATION

Replies were received from 126 boards of education, of which 97 or 76.9 per cent answered the question as to the nursing service in relation to gonorrhea and syphilis.

Total replies—126.
- Reporting no program—25.
- Reporting cases excluded and referred for treatment—49.
- Reporting follow-up and supervision of conduct—17.
- Reporting miscellaneous activities—6.

Some of the comments from boards of education follow. They speak for themselves.

"We do not come in contact with anything of this kind."

"Treated as any other communicable disease. Excluded from school until a doctor's certificate is presented."

"Since we do not strip the pupil in the routine physical examination we do not find any venereal conditions."

"Congenital syphilis is much more prevalent and is usually discovered as a result of physical defects. Our principal means of discovery is our school clinic. There eye, bone and teeth conditions, poor mentality and

general physical disturbances lead the doctors to suspect syphilis. The children are then sent for a blood test and if this is positive, treatment is given at the Board of Health. An average of 15 children are always under treatment. There is no doubt that more children should be under treatment."

"All children who have eye examination at the clinics of the medical school have routine Wassermann tests. Results could probably be secured from the clinic through the Social Service Department. Our nurses do not render any service to this type of case in the schools."

"Each case discovered is given individual attention, treatment advised, and the case followed up by the school nurse."

"When a case of syphilis, gonorrhea, or vulvovaginitis is suspected, the home is visited, the parents questioned and advised what to do in each particular case. If the family cannot afford treatment from their family physician the child is taken to the county health clinic for diagnosis and treatment. The parents are instructed in the care of the child and the prophylaxis of the disease. Frequent visits are made to the home to check conditions. Transportation to and from the clinic is provided by the nurse if there is no other way for the child to go. The child is excluded until released by the physician in charge."

"All cases of venereal disease that come to our attention are followed up by our nurses and reported to the Board of Health. They are excluded from school while in the active stage and if not able to afford medical treatment are referred to a clinic."

"The nurse refers those children with syphilis whom the school doctor recommends for further examination and treatment, to the public school clinic where specific treatment is given.

"In the case of gonorrhea which is treated by the Department of Health, the school nurse keeps in contact with such children to see that they keep their appointments, etc.

"Smears for diagnosis are made at the public school clinic for vulvovaginitis. In case these are positive, the children are referred to the Department of Health for treatment and the school nurse follows up these children to see that they are actually getting the treatments.

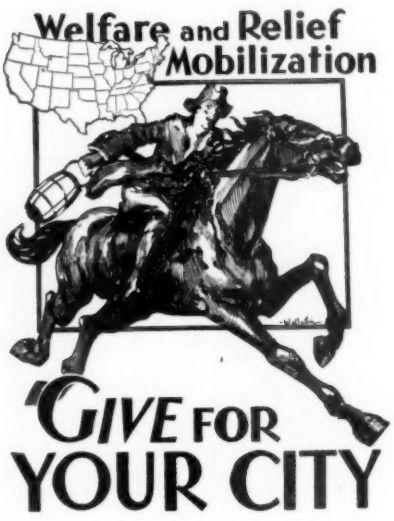
"Congenital syphilis is treated in the public school clinic upon the recommendation of the school doctor, follow-up again in charge of the school nurse."

"Our only means of discovering vulvovaginitis among school children is through the parents and the Board of Health. The school nurses have the confidence of most of the parents and when a suspicious case occurs the parents usually ask the nurses what is to be done in the matter. The nurse advises the parents to take the child to the school, county or Board of Health clinic where a test is made and treatment given. The child is excluded from school until tests are negative. The final test and a permit to return to school are in the hands of the Board of Health. An average of about 7 or 8 children with vulvovaginitis are under the care of the Board of Health annually."

ROLL CALL MARKS FIFTY YEARS' SERVICE

The annual Red Cross Call for memberships will be conducted from November 11 to November 26—Armistice Day to Thanksgiving Day. This year marks the Society's fiftieth year of service. The Red Cross is the largest single employer of rural nurses in the United States. It is not the mere fact of this relationship, however, which makes the tie between the Red Cross and the nursing profession so close; it is the realization that both are working to "make health contagious." Disaster relief; public health nursing in remote areas; aid to war veterans, are only a few of the activities of the Red Cross. During the next fifty years channels of service will be still further deepened and widened if the Roll Call finds a ready answer to its appeal for support.

Rallying a Nation



A dramatic movement is under way in the United States—more dramatic than anything, perhaps, that has come up since the days of the World War. It is the rallying of the nation to meet the problems, both of welfare and relief, that spring from the economic situation which has confronted the world for the past two years.

Command of this great movement has been vested in the President's Organization on Unemployment Relief named by Mr. Hoover and serving under the leadership of Walter S. Gifford. Specific aspects of the undertaking have been entrusted to subordinate committees, chief among them the Committee for Mobilization of Relief Resources under the chairmanship of Owen D. Young. Coördinated under the Young Committee is a group of agencies of seasoned and successful experience in the fields of welfare and relief work. Through them, and through other organizations that may be created or called in for service in communities that are either not yet organized or are not well organized, the great task will be carried on of securing the funds needed for the demands of the coming Fall and Winter.

Foremost among these agencies is the Association of Community Chests and Councils. In May—three months before the creation of the President's Organization — the Association was called in by the President's Emergency Committee for Employment to undertake the organization necessary for the raising of relief funds in the 376 cities of 25,000 or more population. Because Chests already existed in 244 of these cities a plan for carrying out the task of the Association was comparatively simple and since July 1 the Welfare and Relief Mobilization has been a going concern in every sense of the word.

Recognition of this fact came immediately from Mr. Gifford, and the Welfare and Relief Mobilization is a primary factor in his organization. Recognition came as promply from Mr. Young, and by agreement with him the Mobilization includes the 137 communities of less than 25,000 population in which Chests exist. The number of communities has thus been increased to 513.

The operating scheme of the Mobilization divided itself naturally into two phases, the first a thorough-going canvass of needs and resources in the cities involved in progress since July 1st. Questionnaires have been sent to community chests, and to the welfare agencies best equipped to supply the information in non-chest cities and where special problems seemed to exist, field representatives have been assigned to make personal visits. Through these local surveys the Association hoped to fix the needs of the various localities and the amounts they would require both in public and private funds.

The second phase embraces the actual securing of funds. For all money-raising campaigns, the period between October 19th and November 25th has been set aside. The plan also calls for the encouragement of emergency

campaigns during this general period in non-chest cities.

One of the cardinal objects of the Welfare and Relief Mobilization is to preserve the complete community welfare program during this difficult period—such activities as public health, character-building, organized recreation and supplementary education. As one welfare leader has phrased it: "We cannot sidetrack ten years of progress in social planning just because we are confronted by an extraordinary relief situation." This policy will remain in force in chest cities, and, it is hoped, will be adopted by emergency committees in non-chest communities. The all-inclusive program is to be vigorously recommended as aiming at reconstruction and rehabilitation along permanent lines rather than at merely ameliorative measures.

The National Organization for Public Health Nursing has a vital interest in the Welfare and Relief Mobilization and the situation with which it has been organized to cope. Its aid and coöperation in every possible way is being given generously, and local organizations similarly are assisting.

An Experimental Day

By WINIFRED HARDIMAN, R.N.
Industrial Nurse, Terry Steam Turbine Company, Hartford, Conn.

"IS there anything more, Miss Harmon?" asked the clerk at Goodman's Pharmacy, as he tied up my package.

"No, Mr. Mack."

Simultaneously, a voice beside me said, "How do you do, Miss Harmon?" and glancing up I saw my old friend, Dr. Lamphier.

"Very well, and you, Doctor?"

"Fine. Where do you keep yourself? Are you still in industry?"

"Yes, ten years today."

"Taking the work from us doctors, I suppose!"

"No, indeed, finding it for you and everybody else," I retorted.

"Finding work for the medical profession? That's pretty good! You'll have to prove it to me. I've heard a great deal about industrial nurses who overstep the line."

"That's the trouble with doctors. They're always ready to believe hearsay about nurses, particularly nurses in industry. There are unethical doctors just as there are unethical nurses—but why damn us all for the few?"

"Right, as usual. I was only joking."

I suddenly remembered that it was Thursday. "Not a promising day for your afternoon off, Doctor. Why not spend the afternoon at my factory?"

"Do you mean it, Miss Harmon?"

"I do."

"By Jove, I'll accept!"

I gathered up my parcels. "Come at two o'clock then, and I'll prove that we are finding work for you!" Doctor Lamphier nodded, smiling. I hardly expected him to act on my suggestion and I was really surprised when, promptly at two, the telephone operator announced him.

"This is one fine place!" Dr. Lamphier commented. "Got your certificate of State Registration framed and hanging on the wall."

"Yes, there's a reason. One day the President called me into his office. 'Miss Harmon, will you get a good practical nurse for Billy? Doctor thinks he has pneumonia.' 'A practical nurse? Do you mean a practical nurse or a State Registered nurse?' 'Is there a difference?'

"I found a registered nurse for him. Now I advertise, as do all the industrial nurses in my club who are out to

set standards for nurses—not that the practical nurse hasn't a big job to do in her own field.

"Let's go through the factory. Ask all the questions you wish. We are a machine shop manufacturing a form of steam engine—

"What did you say, Doctor? The white lines? They signify that the aisles must be kept clear to lessen the danger of stumbling over objects."

"I see your machines are well guarded."

"Yes, and all done in the past ten years. In following up accidents I found eye accidents to be our greatest hazard."

"Do you not have goggles?"

"Yes, but they were issued free by the shop. I recommended that each man have his own, charging the sum of twenty-five cents, although they cost the company a dollar and a half a pair. Eye troubles continued despite this. We used to ask, 'Were you wearing goggles?' and the men answered, 'No, Miss, it was only for a moment, I didn't want to bother putting them on.' The Safety Committee was consulted, and an engineer solved the problem. He fastened an automobile lens headlight to one of the grinders. Presto! Have the accidents dropped? My records read like this—1919, 200 eye cases; 1929, 20!

"Previous to my coming, all foreign bodies were removed from the eyes by the superintendent or foremen, the procedure being to jab a penknife into a plug of tobacco, then remove the foreign substance. So proficient were they, that it took eternal vigilance to prevent such performances. Now, all cases in which the foreign body is embedded, go to an oculist."

"Do you have safety drives?"

"No, we do not want to scare the men away. Every day is safety day here."

"Do you go through the factory daily?"

"Yes, Dr. Lamphier."

We had now reached my office. "Doctor, I'll show you three case records which I consider the most interesting I have.

"Two months previous to my coming here there was a big accident and six men were badly injured. Three were taken to the hospital, but were back on the job when I arrived. One of them, Bill Jones, came into my office complaining of continual headache and sleeplessness, and he was very nervous. His scalp wound had healed nicely, and, as his doctor had discharged him, I thought I'd send him to you for further surgical advice."

"Why bless my soul, I remember him. How did he pan out? My advice was to let him alone as he seemed well, considering the injury."

"Exactly, Doctor. But he was so miserable and discouraged you remember, that with your permission I referred him to Dr. Look. The X-ray pictures did not show much and Dr. Look was inclined to agree with you. I had the temerity to suggest his going to New York to Dr. Trinder. Dr. Look thought it wise to give this man every chance. Then, I had to wrestle with the insurance company. However, the president of this company backed me and told the insurers he would not renew his contract if they did not do as we advised. Read the results of Dr. Trinder's findings."

I handed him the papers. He read aloud:

"X-ray shows there is still a projection of bone into the cranial cavity, also a few tiny fragments of metal. This means, in the course of a few months, disturbances of the cortex which will result in Jacksonian Epilepsy. My advice is to operate."

"The cranium was opened by motor drill. Two steel spicules were embedded in the brain. The scalp beneath was misplaced and there was a quantity of hair found. Apparently, at his previous operation, the wound was not thoroughly explored, for not only steel spicules but a piece of loose bone and scalp were left protruding into the cranial cavity."

"Most remarkable, Miss Harmon. How did the case turn out?"

"Perfect recovery. See that man walking along there? That is he.

"One of the foremen brought in Case 2 some weeks ago saying 'Miss

Harmon, has Joseph water on the knee?' 'Water on the knee? Far be it from me to diagnose!' 'That's what the doctor says.' 'Who is the doctor, Joe?' 'Dr. Mellish. He is away, but I have an engagement at his office this afternoon. His nurse is going to put a plaster cast on.'

"Dr. Lamphier, that nurse is not a graduate, the doctor was away and Joseph in great pain. I sent Joseph to Dr. Stout, the bone specialist. An X-ray showed a fractured patella. The man was sent home, a brace applied and subsequently he made a good recovery. We changed his job and put him where he would not be on his feet as formerly.

"Case 3 was Herbert. He was considered a most difficult problem by every one in the plant. I heard all about him—how he had convulsions, et cetera. One day I was sent for in a great rush to see Herbert. After looking him over I felt his symptoms might be hysterical and sent post haste for Dr. Brown.

"Herbert was resting quietly when he arrived. Doctor Brown wondered if it might have been an epileptic attack. I thought not as I had seen many when I worked with Dr. Peterson. He then engaged the man in conversation and again the patient began to work himself into a frenzy. Much to my surprise, Dr. Brown grabbed him by the forelock and said 'Cut that out. Get up and walk down that aisle.' He did so. We inquired into the case. The day of the accident, this man had gone behind a machine to turn off the steam valve. Simultaneously, the fan blew up and, looking around, he saw two men on the floor, apparently dead. Thinking he was the cause, he collapsed."

"But, what occasioned the attack on the day they sent for you?"

"A sudden burst of escaping steam. We changed his job and removed him to the far end of the factory and the result was wonderful."

A shadow darkened the doorway. "Why John Parceretti," I exclaimed in surprise. "I sent you to the dentist."

"Yes, Miss Nurse, but the dentist wanta taka da pict and I say no, I aska nurse. If she say all right, taka da pict."

"Why of course, John."

"All right to taka da pict?"

"Yes, John."

"Oh, all right, Miss Nurse, I go."

"Got him well trained," observed Dr. Lamphier. "How do you get action on accident prevention?"

"At the end of each month I make a summary of accidents and take it to the Safety Committee. They do the work and do it well."

"But, you have occupational diseases?"

"I report them to the Safety Committee also. They must know the hazards as well as I."

I heard a scurrying of feet and a man burst into the room.

"Miss Nurse, you gotta get da police. Joe hitta me. I gotta get him arrest and send him to jaila."

"Oh, Rosario! No. What happened?"

"I go to Joe and say, 'You giva me de worka.' His arm shoot out and hitta me. I wanta him arrest. I getta da police myself."

"Rosario, think about your wife and children if *you* were sent to jail."

He was twisting his apron nervously between his hands.

"I'll send for Joe. He'll apologize. Just think of those children."

Joe arrived.

"Joe, why did you hit Rosario?"

"He made me nervous asking me for the work so often. I'm sorry it happened."

"Rosario, it was not exactly Joe's fault. You should have been more patient and he says he is sorry. I want you to shake hands. Will you do it?"

"Sure," came in unison.

"Now shake."

They did so and with bent heads returned to work.

"You seem to know how to manage them."

"They need a little managing. For example, lately, information came that a worker was borrowing money from other men and not returning it. I

called at his home. The baby was ill. I discovered the father was paying too much rent for value received, and the furniture, five rooms full, all was bought on the instalment plan. 'Abie,' I said, 'why did you buy so much furniture?' 'Vell,' said he, 'I was getting married and ven the sun is shining, the sun is shining.' I could understand! I helped him budget his income, consulted with Dr. Locket, and turned the baby over to the Health Station nurse and all ended well."

Just then John Moriarity entered. "Miss Nurse," he showed an insignificant cut on the right index finger. "It's 4 P.M. I reported myself."

"Congratulations, John! Can you remember the rhyme printed on the time clocks?"

"Sure, Miss. 'The little scratch causes no alarm, it's the delay that does the harm.'"

"Good." I painted the cut and John went away.

Looking about the room, Dr. Lamphier noted the vitamin chart, the calorie list, and the poster on the value of physical examinations. A Snelling eye-testing chart also hung on the wall.

"Fine stuff," said he.

"This door leads into the Rest Room, Doctor, and we have a library."

"A sewing machine here, too."

"Yes, I have been teaching the girls to sew."

"I see you have electric drinking fountains, paper towels, and liquid soap containers."

"True. As for the rest of our program, we have health talks during the noon hour. Bulletins from the State Department of Health are posted weekly on all the time clocks. Also, we stress physical exams; I've had one myself, consequently I practice what I preach."

"How do you arrange for a doctor when needed?"

"For traumatic injuries we have our own doctors on call. But for medical cases, I ask for the name of the patient's family doctor if he has one. If he is unknown to me I look him up at the local Medical Association Library. If he is listed, I send the patient to his own doctor."

"Good." A paper blew off the desk. Dr. Lamphier saw the letterhead. "Oh, you are corresponding with the American Medical Association?"

"Yes. I mailed the Association a new quack remedy that the expert had never heard of and this is a 'thank you' letter—There goes the whistle. Now, Doctor, I ask you, am I taking the work from the doctors or finding it for them?"

"Taking the work from the doctors? Not much! You're a regular Mrs. Wiggs of the Cabbage Patch. This has been a most enlightening afternoon!"

IS INDUSTRY BEHIND THE TIMES?

The United States Bureau of Labor has inspected 1,500 industrial establishments in twenty-one states. Studies indicate that more care should be taken to protect workers against the spread of disease by insanitary drinking fountains. The common cup was found in every state, including one-fourth of the establishments. Over 40 per cent of the establishments had bubbling drinking fountains but less than 4 per cent had angle-jet fountains throughout. Individual drinking cups were provided in only 10 per cent of the plants.

No state law requires only individual drinking cups and only one requires angle-jet fountains. Seventeen states recommend the sanitary angle-jet type of bubbler approved by the American Public Health Association. In the interests of public health, effort should be made to secure more general adoption of the sanitary fountain.—*Municipal Sanitation.*

The Code System for Daily Reporting

By FRANCES F. HAGAR

Chief Nurse, Rutherford County Health Department, Murfreesboro, Tennessee

THE reporting of work done by public health nurses each day is a very important part of the day's routine. It is just as necessary for the lone worker in the rural field to have an adequate system of reporting as it is for the nurses in the large organizations in our great cities. The nurse working alone is at a greater disadvantage probably, than is the one in the larger organization. Frequently, she has to plan her own method of reporting, and finding this rather difficult, she is apt to neglect it for those activities which seem to her far more important than records. With a recognition of the problem facing the workers in the various fields of public health in the matter of making satisfactory reports, the Tennessee State Department of Health, in 1928, worked out a plan in which the daily reporting is done by the use of a code. The purpose in instituting the code system was to make it as easy and as simple as possible for field workers to record their activities, and for the clerk to compile data needed for monthly and annual reports. This code plan permits all field workers to use the same form for daily reporting. The form used has become a part of a standard record system used in thirty-five full-time county health units in Tennessee.

This code will not apply in its entirety to other organizations. However, a similar code may be developed to meet the problem which prevails in any state. It must be recognized, also, that as problems change and new programs are undertaken any code must be adjusted to meet new activities. In working out a code each organization must develop it to conform with the program carried. The lone worker itemizes her activities and works out a code in accordance with her program; the large organization plans one in which the items are adequate for gathering all the desired data. No two codes will be exactly the same unless the situations are identical.

In order that the reader may have a better understanding of the code system used in Tennessee, the following example is presented. The Tennessee State Department report form is divided under various services, each service having a code number as: Administrative, V; Communicable disease, VI; Maternal hygiene, X; School hygiene, XIII, and so on (see page 488). All items listed under these main divisions have an added code letter. *Maternal hygiene* may be used as an illustration:

X (Maternal hygiene)
- a. Cases under supervision (new)
- b. Clinical visits
- c. Conference visits
- d. Field visits (prenatal)
- e. Field visits (postnatal)
- f. Prenatal letters distributed
- g. Midwives under supervision (new)
- h. Number of midwife classes
- i. Attendance at midwife classes
- j. Number completing course

A visit to a new prenatal would be coded as Xa and Xd. A visit of the patient to the prenatal clinic or to the family physician would be coded Xb. In the same manner any type of service can be coded under the various divisions.

HOW THE RECORD FORM IS USED BY A LOCAL ORGANIZATION

The Tennessee State Department of Health supplies the county health departments with copies of the code. These fit a pocket-sized, loose-leaf, leather folder, which is given to each staff member. The daily report form is the same size and also fits in the folder. The folder can be carried into the field by workers easily, and the service which is to be reported can be entered on the daily report at the time

it is rendered. Thus the worker is relieved, at the end of a very strenuous day, of remembering the calls made early in the day. This is a matter worthy of consideration in any field, urban or rural.

For the convenience of the worker the items which are most frequently used may be underscored with red ink. Thus the nurse underscores those items which have to do with the nursing service; the sanitary inspector those having to do with his work; and the doctor those activities in which he most often takes part. This does not mean, however, that workers close their eyes to those items which are not underscored; one advantage of the code system is the increased ability of the worker to see the job in its entirety, and not as a special service only.

visits and other activities during the day. The name and address of the individual served is entered, and similarly the place of activity is noted. *Remarks* can be used for any important or temporary item not provided for in the code.

When using the code for the recording of school examinations, inspections and their findings, or when recording other conferences held—prenatal, infant and preschool, tuberculosis, or venereal disease—numbers are used with the code item. Under *Remarks* the name of the school or the health center where the activity was carried on is noted.

In Rutherford county the nurse reports all the activities of the medical officers when she is present. In the clinics and at the school examinations

DAILY REPORT

WORKER—Susan Garner DISTRICT 4 DATE 7-20-31

ITEM NO.	NAME	ADDRESS	REMARKS
IXd	Smith, John	Eagleville R 1	Positive
IXd	Smith, Ada	" "	Contact
VIa	Curry, Frances	Rockvale R 2	Scarlet Fever, Positive
VId	" "	" "	" " "
Xe	Jackson, Emma	Eagleville	
XIa	" Thomas	"	
XIe	" "	"	
Vb	Anderson, Mary	"	
Va	Eagleville Parent Teachers Association		

The following is an interpretation of the above daily report:

Item IXd shows that John Smith was visited under the tuberculosis service. Under *Remarks* the entry shows him to be a positive case. Ada Smith, a tuberculosis contact, was visited; VIa represents a new communicable disease under supervision, and VId, a visit to the case. Under *Remarks* the disease is noted. Xe, Emma Jackson, under the maternity service, is a visit to a postnatal; XIa, Thomas Jackson, is a new infant under supervision, and XIe is a visit to the infant; Vb represents an official interview, and Va, a meeting attended.

In recording the day's work, the nurse and other field workers note on the daily report, using the code, all she does all the necessary reporting. When alone, however, the health officer is responsible for the reporting of all his activities. The sanitary inspector checks upon his day's work by coding the installation of sanitary toilets, measures for mosquito control, the inspection of dairies, etc.

By carrying blank report forms and dating them ahead for a week or longer, depending on the nature of service, they become a tickler file of work to be done, for as the nurse visits a case and determines that a return visit should be made in ten days she can turn to the blank for that date and make the necessary entry of name and

address and code number, which tells her where to go and why.

Each staff member hands in a report daily. These are filed by the clerk, who fastens together all the daily reports of each individual worker. At the end of the month the monthly report is made from the individual reports by use of a tally sheet. The tally sheet contains a list of the items under each service—medical, nursing and sanitation. Using the daily reports of each staff worker, the clerk enters the activities on this sheet and totals them. The total service reports are made from these sheets; they also show a summary of the activities of the individual worker.

The following daily record represents a school examination:

DAILY REPORT

WORKER—Susan Garner DISTRICT 4 DATE 7–20–31

ITEM NO.	NAME	ADDRESS	REMARKS
XIIIb	35		Lascassas
XIIIf	20		
XIIIg	27		Teeth—16 { Carious 10 / Oral hygiene 6
			Tonsils—11
XIIIh	12		Teeth—8 { Fillings—3 / Extractions—2 / Oral Hyg.—3
			Tonsils—4
XIIIi	5		
XIIIj	4		

In following the code it will be seen that XIIIb shows that 35 children were given physical examinations, and XIIIf that 20 of these children were found to be defective, having in all 27 defects, XIIIg, which are classified under *Remarks*. The item XIIIh shows 12 corrections of defects which are also classified under *Remarks*. XIIIi represents five underweight children and XIIIj four children who had corrected their weight.

The code system as a method for daily reporting, as has been described, has been used by the Tennessee State Department of Health for the past three years. Its chief advantages have been found to be: uniformity; simplicity; speed in handling; help in supervision, since the report sheet is small and the individual records for each worker can be leafed over easily, thus offering a survey of the worker's activities within a few minutes. One can see readily whether or not the nurse is covering her territory, whom she is visiting, the type of service rendered and in general, just how effectively she is spending her time. The daily record is used with ease by the worker in the field and office, and has proved to be a very satisfactory and practicable device for reporting daily visits and other services which are rendered in the field of public health work.

MAGAZINES WANTED

A request has been received for the following issues of THE PUBLIC HEALTH NURSE: 1929, February, March, November; 1930, September, October. If any reader having extra copies will send these to PUBLIC HEALTH NURSING, we will remit postage.

Real Campers—Not Invalids

By J. H. EPPERSON, PH.D.
SUPERINTENDENT, DEPARTMENT OF HEALTH, DURHAM, N. C.

THE Woman's Club Open Air Camp of Durham, N. C., was erected in the Spring of 1930 by the Club with the proceeds from the sale of tuberculosis Christmas seals and donations made by interested citizens of the community. The cost of the plant and physical equipment approximates to date $4,000.

The camp is located about seven miles from Durham and is easily accessible by an improved road. The building overlooks a large lake and is surrounded by a wooded area which provides ample recreation space for the children. About two acres of land is owned outright by the Club and an additional forty acres adjacent to the camp site is available for the use of the camp for all purposes.

The capacity of the camp at present is forty children and the necessary attendants. The supervising personnel consists of a camp director and his wife who administer the affairs of the camp and have charge of the children. One graduate nurse and one student dietitian are on duty at all times, their duties being to supervise the preparation of the food and to assist the director in administering the camp routine. Two female servants are employed to cook and look after the cleanliness of the building and grounds.

The children are selected by the Health Department personnel. The prospects are given a thorough physical examination including tuberculin text and X-ray examination. An effort is made to take children who are known to be infected with tuberculosis but not infectious. No child is taken who should have sanatorium treatment. Certain children are selected for admission to the camp who are tremendously malnourished or otherwise physically handicapped, if in the opinion of the physician they will benefit by the camp routine.

The routine which the children are required to follow while in camp is carefully regulated in every particular,

Editorial Comment: One of the editors had the pleasure of visiting this preventorium in March, and even at that time of year, the beauty of the site, the substantial simplicity of the building and the careful provisions for the children's welfare made a very happy impression. The small outlay of funds and the big results achieved make this camp a particularly successful undertaking. It is also an outstanding example of the wise direction of volunteer interest by an official health agency.

rest periods, diet and supervised play periods being the principal items. All children admitted are required to remain during the entire ten weeks during which the camp is open. The period of operation begins the second week in June and terminates the 15th of August.

The camp building is equipped with two dormitories so that both boys and girls may come to camp at the same time. Each dormitory has sanitary plumbing appliances and shower baths. A modern kitchen and dining room are a part of the building and are equipped for every need of the camp. Attendants' quarters are adequate and arranged so that the children may be observed in the dormitories without too obvious supervision.

The approximate cost of maintaining a child at the camp is $1.00 per day. This cost covers operation complete but does not cover the depreciation charge on buildings and equipment. At present the children are selected so that one-third are from homes where the parents are unable to pay any part of the operation cost, a third pay half of the operation cost and the final third pay full operation cost. The deficiency is made up from the sale of tuberculosis Christmas seals.

An effort is made in the selection of the cases to take those whose parents will make an honest effort to continue the routine prescribed for the child after the camp period is terminated. Children will not be accepted from uncoöperative parents.

LEADING ARTICLES IN THE AMERICAN JOURNAL OF NURSING FOR OCTOBER

Synthetic Fever as a Treatment for Disease..... Robert A. Kilduffe, M.D.
The Children's Convalescent Home—Part II..... Winifred Culbertson, R.N.
Responsibility of the Nurse for the Instruction of Patients in the Out-Patient Department..... Catherine Weiser, R.N.
Trichomonas Vaginalis . . .. Robert L. Faulkner, M.D.
Clinical Procedure . . .. Margaret E. Henry, R.N.
Measuring the Schools..... May Ayres Burgess
Infant Feeding Projects..... Marguerite Erxleben, R.N.
Do Fruit Juices Help Prevent Colds?..... Emily Livingston Ketcham
Three Principals for the People..... Frances S. Meader
Speaking in Public..... Mary E. Gladwin, R.N.
Importance of a Healthy Mouth..... Don Chalmers Lyons, D.D.S.
Ambroise Paré . . .. Frances Dickie
Suggestions for Amusing Children in Out-Patient Department or Hospital Ward..... M. A. Sears

Child Welfare in Seoul, Korea

Feeding Chinese Babies on Soy-Bean Milk

By ELMA T. ROSENBERGER

Executive Director, The Seoul Child Welfare Union, Seoul, Korea

SEVERAL years ago, when our work was in its very infancy, we had the pleasure of telling about it in the PUBLIC HEALTH NURSE.

Since then the work has grown. A year ago we organized what is known as "The Seoul Child Welfare Union." This is not a government organization but is under the control of Mission Hospitals with headquarters at the Social Evangelistic Centre, Seoul.

The plan and scope of the work are as follows:

Several clinics throughout the city, with new ones opening as we have means and doctors to take care of them.

Three central well baby clinics to begin with—the surrounding districts to be visited and cared for from these centers.

These clinics to be teaching centers for student doctors and nurses.

These clinics to be really well-baby clinics; any ailments to be referred to private doctors or hospitals until the child is well.

Preventive measures to be taken, immunization to be stressed, careful attention given to nutritional defects with follow-up visits in the homes and results carefully charted.

The work as it stands now comprises:

Well-baby clinics with some immunization work.
Prenatal work.
Home visitation.
Health examinations and health talks in schools.
Mother's meetings.
Bathing station for needy children.
Milk feeding station including the making of soy-bean milk.
Instruction course for nurses once a year.
"Baby Week" once a year.

Our report for the work of last year is as follows:

Babies enrolled	708
Clinics held	175
Children attending	2,283
Advised for treatments	150
Visits in homes	3,653
Deaths	11
Treatments given in homes	512
Special feeding advice given to mothers	1,411
Obstetrical cases in homes	13
Postnatal visits	91
Prenatal examinations	160
School visits	75
Pupils receiving preventive treatment	568
Pupils examined in schools	1,149
Health talks given	152
Mothers' Meetings held	34
Children receiving free baths	1,691
Babies fed in homes	76
Bottles of milk prepared	15,780

We have quite a bit of volunteer time given to us by women of the community for which we are very thankful. Our funds so far have been small donations and it is only lack of funds that prevents us from branching out into many activities such as health campaigns and free milk stations, tuberculosis clinics and child welfare clinics all over the city. There are many calls for the latter, and the value of preventive work is well understood throughout the city. There is no place that does not know now what our purpose is.

CHILD WELFARE CLINICS CROWDED

The fact that 700 well babies come to us speaks well for the openness of the Korean mind to education. When we consider the problem of our work when we first started six years ago—how we could scarcely induce healthy children to come; nearly all needed medical care, but now scarcely a baby is brought who is not well—we know progress has been made. These mothers want the best and are much interested in modern methods. In the early days we used various means to entice these mothers to clinic. We had, for instance, a microscope which proved a

source of interest. Now we do not need these devices. We sold the microscope and with the proceeds enlarged our clinic walls which threatened to burst out many a time due to the crowd of attending mothers and babies. Now we are putting in little booths where each child can be undressed separately. There is also a drinking fountain which American friends contributed.

Only five Korean nurses serve the city in child welfare work. They spare neither time nor energy. Many times they are found visiting the little ones for whom they are responsible, late into the evening, and all this with very little remuneration. A nurse's salary here averages forty yen a month, which equals twenty dollars in gold. On this she lives—food, clothing and shelter. We are fortunate this year in having the assistance of Miss Frances Lee, a recent graduate of the Public Health Department of the University of Toronto, the first nurse in Korea to have received education abroad. She is a graduate of the only woman's college in Korea. After she received her nurse's education she avowed her desire to be a public health nurse so that she might help her people to a higher plane of health. It was this desire that helped her to receive her education abroad.

We are quite assured that the greatest hope for our preventive work lies in our schools. We have access to nine primary schools, many of these pupils coming from the smallest homes possible. Their habits of living are quite the opposite of ours in Western countries and yet their way of living is very fascinating. They do not carry their dirty shoes into their only living room but leave them outside the door. At night they spread their beds on the floor nicely heated by flues running under the flat stone slabs. To teach these little children the science of health, how to supply bathing facilities even though limited, how to eat regularly even though meagerly, how to rid their little homes of flies and insects; these are the elementary rules which will make the next generation a stronger race of parents.

The mortality rate among children runs very high. It is considered that 50 per cent of the children die before they reach the age of ten and yet among our seven hundred children last year we had only eleven deaths. Advice in feeding is an important item in the work of the visiting nurses and we find that practically all the mothers are eager for this help and instruction. The majority of those who take advantage of the clinic privileges are from the middle and upper classes, however—those who have at least some degree of leisure. It seems that the really poor mothers have no time, strength nor means to give to keeping their babies well and strong.

SOY-BEAN MILK FOR CHINESE BABIES

In the milk station last year we fed at least seventy-six babies on milk prepared by formula. One of the fortunate items of our work has been the discovery of the use of the soy-bean milk, which is really very simple to make. The soy-bean is a native product, the milk about five times less expensive than cow's milk and equally well liked. It is very high in protein and mineral content which offsets the high carbohydrate content of the rice diet and is a very satisfactory food for infants after the weaning period.

The Woman's Club has come to our assistance generously by contributing 100 yen toward the feeding of needy babies, all of which is used for the soy-bean milk. It is hoped to have soy-bean milk powder available on a commercial basis within a few months. Also a booklet is being printed by the Christian Literature Society on the making and use of soy-bean milk.

Other projects for the near future are the printing of Miss Frances Lee's book on Korean Diet and Nutrition, and a book on Public Health Nursing.

The high water mark of effort of the child welfare union is usually "Baby Week," at which time every means at hand is used to draw the attention of parents to health conditions in the

home. The chief educational method used last year was the window demonstration where nursery furniture, bath tubs and baby clothing were displayed in such a way as to attract attention of the passers-by. Continuous exhibits were conducted in five such centers giving demonstrations of bathing, feeding and dressing the baby.

On the last day of "Baby Week" mothers with their children gathered for the grand celebration, the giving of the prizes to the most faithful attendants with a fitting program prepared. The children who had not failed to attend at least once each month and who had reached the required standard received the first prize which was furnished by Mr. K. S. Min, a well-known descendant of one of the oldest families in Korea. This prize was a silver spoon. Each of one hundred and twelve children receives one. This prize is to be called the "Min Prize," and will be given each year. There were also appropriate second and third prizes given —a pretty bunny blanket and a much needed mosquito net. This is always a most happy day for every one concerned although a most busy one.

THIS REALLY IS A COMMUNITY

Radburn, New Jersey, is working out an experiment in community organization which is watched with interest by wonderers about "this modern life." Radburn is the eastern version of a "mushroom town"—three years ago nothing but open fields, where today one sees an attractive, suburban town of homes, a few apartment houses, administration building, stores, parks and playgrounds—a town for the motor age. The Radburn Association—"a corporation not for profit"—is the extra-municipal body which administers funds derived from special community charges on each piece of property in town. The present population of the community is eleven hundred.

Public health has been recognized as one of the major community responsibilities. The budget of the Association for the current year calls for an assistant to the Manager for Community Activities who supervises the health program, coördinating it with the Recreation and Adult and Pre-School Education, also under his supervision. This program consists of a well-baby station, annual examination of older children (2–18 years), with maintenance of records, plans for corrective recreation, subsidy of a visiting nurse service, prenatal, home-nursing and child-study classes for parents, and an occasional lecture on health.

With the charts kept of the infants at the baby station and the physical examination records, it will be possible to have a health history of Radburn children from infancy to 18 years of age. Such health records are invaluable in planning a recreation program and already have resulted in corrective recreation work. Eventually these examinations may be made available to adults.

Coöperation is the key-note of the public health work at Radburn, for while the Radburn Association has virtually the power to tax and does pay for services the members of the Health Committee of the Citizens Association have given their time, and some of them their professional services to the work. For instance, the prenatal and home-nursing classes were started by nurses who volunteered their services. Twenty women attended sessions of these classes, one held in the aftrnoon and one in the evening every other week.

Future plans, as population grows, call for a full-time Director of Health, coöperating with all other related activities and groups, and responsible for perhaps five health centers for medical, mental and dental clinics, a laboratory, nursing service and educational work.

Activities of the Elementary School Teacher

As Related to the School Health Program

By PURCELLE PECK

[*Continued from September* *]

C—ACTIVITIES CONNECTED WITH DETECTION AND CONTROL OF COMMUNICABLE DISEASE AND OTHER HEALTH DISORDERS.

Morning inspection and observation of children's health condition throughout day.

Create a coöperative mental attitude in pupils in regard to health inspection.

Observe for cleanliness of skin.

Help nurse to observe for cleanliness of skin.

Deal with pupils who are unclean or untidy.

Make morning inspection for acute symptoms of deviation from normal health condition.

Help nurse inspect for acute symptoms of deviation from normal health conditions.

Observe indications of health disorders such as:

Nausea or vomiting; chilliness; flushed face, hotness of skin, indications of fever; running or bloody nose; red, running, or inflamed eyes; sneezing or coughing; headache or backache; dizziness, faintness, fatigue; unusual pallor; sore or inflamed throat, or membrane on throat; swelling or tenderness of any kind including acutely swollen glands in neck; earache or discharging ears; rash or eruption of any kind on skin; inability to see or hear as usual; puffiness of face and eyes; convulsions or seizures; lameness, peculiarity of gait, or other unusual limitation of motion; new bandages on any part of body; listlessness, irritability, or any unusual behavior; inability to play or study as usual; any distinct change from usual appearance or conduct.

Observe for symptoms of health disorders at beginning of each period or at regular intervals.

Develop in children a sense of responsibility for reporting symptoms of health disorder.

Receive reports of symptoms from children.

Exclude from school children with symptoms of a fresh cold.

Exclude from school children showing symptoms of communicable disease apart from a cold.

Exclude from school children with symptoms of communicable skin disease.

Exclude from school during incubation period children who have been exposed to a communicable disease, if required by law.

Make special inspection of children who have been exposed to communicable disease, to detect early symptoms.

Checking of absences.

Inspect absentees due to illness, before readmission.

Secure certificate from physician or Board of Health for readmission of absentees excluded for communicable disease.

Ascertain causes of all absences before readmission of pupils.

Keep continuous record throughout year of causes of absence.

Study causes of absences (especially from communicable disease) with coöperation of children in order to reduce amount of absence.

Special precautions when class has been exposed to communicable disease.

Notify parents that class has been exposed to communicable disease, with proper reassurance and instruction regarding precautions to be taken.

See that room is aired and cleaned after exposure to communicable disease.

Make special inspection of children for symptoms of communicable disease.

Help nurse make special inspections of children for symptoms of communicable disease.

* (Activities presented in September were: **A.** *Classroom Activities connected with healthful utilization of physical facilities of the school so as to produce a healthful school environment*, and **B.** *Administrative Activities connected with provision for a healthful school environment which must be assumed by the teacher under certain conditions, especially in rural school situations.*)

D—HEALTH EXAMINATIONS * IN THE SCHOOL.

Preparing for health examination of children.

Create coöperative mental attitude in pupils regarding health examination.

Weigh and measure children prior to examination.

Record weights and measurements on school health records.

Record weights and measurements on classroom weight charts.

Enter on school health records names, ages, and other routine information regarding children.

Secure from children and record on school health records communicable disease histories prior to examination.

Secure from children and record on school health records immunization records prior to examination.

Secure from children and record on school health records health habits prior to the examination.

Gather data helpful in making the examination (particularly on children with special problems) such as:

Intelligence tests; Attendance records; Scholastic records; Discipline records; Extra-curricular interests; Employment; Home conditions; Reports from private physicians.

Secure from parents data on physical, mental, and emotional development and status of children.

Notify parents regarding health examination and urge them to be present.

Activities of the teacher during health examination of the children when made by doctor or nurse.

Help to select and arrange room for health examination.

Impart useful information to doctor or nurse regarding physical, mental, and emotional behavior of children.

Observe health examinations.

Help to make a record of examinations on school health records.

Help to prepare written notifications of findings of examinations to be sent to parents.

Activities connected with health examination of children when made by teacher in absence of doctor and nurse.

Select and arrange room for examination.

Make examination of children. (See also indications of acute health disorders listed under **C**):

Make vision tests.

Observe for other symptoms of eye defects.

Make hearing tests by audiometer, watch, or whispering test.

Observe ears for symptoms of ear defects.

Observe nose for mouth breathing or other symptoms of nasal defects.

Observe mouth, including teeth, gums, and palate, for symptoms of defects.

Observe throat, including tonsils, for symptoms of defects.

Observe cervical (neck) and thyroid glands for symptoms of enlargement or other defects.

Observe skin and scalp for eruptions, parasites or other indications of disease.

Observe skin, lips, finger nails, and mucous membranes for paleness and symptoms of anaemia.

Observe posture for orthopedic dedefects, or symptoms of marked deviation from the normal.

Observe speech defects.

Observe symptoms of mental or emotional disorders.

Observe growth records of children.

Make records of symptoms of health disorders observed.

Prepare written notifications of symptoms observed to be sent to parents.

E—ACTIVITIES CONNECTED WITH SAFEGUARDS AGAINST INJURY AND INFECTION, AND CARE OF EMERGENCIES IN THE SCHOOL.

Prevention of accidents.

Plan school regime so that rush and excitement are eliminated.

See that schoolroom is free from things over which children may stumble.

Develop in children an understanding of danger of inflammable materials such as Christmas tree candles.

* The word "health examination" is used here to refer to the examination made by the best available person—whether doctor, nurse, or teacher. It is understood that technically speaking the term "examination" should be reserved for use in those cases where the procedure is done by a doctor; but the term is used here to discriminate between any periodic and thorough observation of a child's condition of health, and the daily "inspection" for acute symptoms of health disorder. The dental examination is here considered to be included in the health examination.

Teach children to recognize and avoid poison ivy and other noxious weeds.

Give fire drills regularly and properly.

Give instructions to children regarding fire drills.

Develop in students an understanding and coöperation in regard to prevention of accidents.

Activities connected with the administration of first aid in emergencies of accidents or sudden illness.

Become familiar with proper steps in case of grave emergency, as regards persons to be notified and methods of communication by which physicians and parents may be reached.

Assume responsibility for emergencies when no better qualified person is available.

Become familiar with location, contents, and proper use of first aid cabinet.

Develop in children understanding and responsibility for first aid care of minor injuries such as small cuts, bruises, abrasions, small burns, minor nosebleed.

Give proper first aid treatment in such emergencies as the following:

Conditions affecting digestive tract such as colic, diarrhea, nausea and vomiting.

Disorders affecting ears such as earache, insect in ear, foreign body in ear.

Conditions in which eyes are affected such as foreign bodies in eye, acid burns in eye, etc.

Conditions affecting the nervous system such as:

Convulsions; Fainting; Headache; Hiccoughs; Shock; Heat exhaustion; Sunstroke; Chills.

Conditions in which skin is affected such as:

Burns and scalds; Prickly heat; Ivy poisoning; Nettle rash; Insect bites and stings; Snake bites; Frost bite—frozen members; Bruises; Wounds—cuts, abrasions.

Fractures (broken bones).

Sprains and strains.

Hemorrhages such as:

Nosebleed; Bleeding from cuts or wounds.

Suffocation such as in:
Drowning; electric shock.

Other emergencies such as:

Croup; Painful menstruation; Sore throat; Toothache; Foreign bodies in nose.

Administer simple first aid or nursing procedures such as the following for emergencies occurring at school:

Filling and applying hot water bag or other form of dry heat.

Applying hot, moist applications (as for sprains).

Filling and applying an ice bag.

Applying cold compresses or other form of moist cold applications (as for headache, bruises, nosebleed, etc.).

Taking a temperature.

Taking a pulse.

Taking a respiration.

Applying a dressing and bandage.

Applying a tourniquet.

Giving a stimulant (such as aromatic spirits of ammonia).

Applying sedative to relieve toothache.

Placing in proper position for relief of various disorders (such as fainting, nosebleed, painful menstruation, fracture, etc.).

Cleansing dirty wounds such as abrasions.

Applying disinfectant to wounds (such as iodine).

Removing foreign body from eye.

Removing splinters from skin.

Removing stings from skin.

Applying ointment or medications to skin (as vaseline for burns, prescriptions for impetigo, etc.).

Applying splints (as for fractures).

Massaging.

Administering artificial respiration.

Activities connected with the administration of certain minor treatments sometimes given in school.

Administration under the direction of a nurse or physician of treatment for such disorders as the following:

Pediculosis (lice); Ringworm; Impetigo; Scabies; Styes; Ivy poison; "Pink eye".

Bandaging of small wounds (other than first aid for fresh wounds at school).

F—FOLLOW-UP PROGRAM IN RELATION TO DAILY INSPECTION, HEALTH EXAMINATION, OR EMERGENCIES, IN ORDER TO MEET THE HEALTH NEEDS OF THE CHILDREN.

Providing for individual needs of children in the school regime.

Consult data from health examination as help in understanding conditions and needs of individual children.

Modify individual programs for reasons pertaining to health.

Lighten academic load for individuals.

Shorten school day for individual children.

Modify classroom procedure (such as amount of reading or writing) for individuals.

Make adjustment of schedule of studies (order of work) for individual children.

Observe effect of physical education period on less vigorous children.

Provide physical education activities adapted to individual needs.

Omit physical education period for children just readmitted after illness.

Lighten extra-curricular load for individuals.

Provide for periods of rest instead of, or in addition to exercise (especially significant in rural schools where fatigue from home work and walking long distances to school is commonly found).

Give special help on lessons to avoid strain.

Take steps to provide for admission to special classes or schools for children with certain particular needs or handicaps.

Apply mental hygiene to treatment of handicapped children to save them from embarrassment or feeling of inferiority.

Take steps to secure health examinations of children before special promotions.

Provide for favorable seating of children with vision or hearing handicaps.

Help to arrange for special feeding in school of malnourished children.

Make a daily check on children who should be wearing their glasses.

Individual conferences with pupils.

Conduct individual conferences with pupils regarding personal health problems.

Discuss results of health examinations with individual pupils.

Discuss health habits with individual pupils.

Discuss use of community resources for correction of defects with older pupils.

Discuss changes or modifications of school regime with individual pupils.

Discuss changes or modifications of regime at home and elsewhere outside of school with individual pupils.

Aid individual pupils to reach healthful solution of emotional and social problems.

Discuss with individual pupils their behavior problems.

Contacts with parents.

Prepare or pass out written notifications to parents; telephone parents; or interview them at school, in homes, or elsewhere:

Regarding desirability of parents' presence at examinations.

Regarding plans for the health examinations.

Regarding findings of the health examinations.

Regarding findings of the dental examinations.

Regarding weights and heights.

Regarding acute symptoms of health disorder observed in the daily inspection.

Regarding reasons for excluding children from school.

Regarding emergencies or accidents occurring at school.

Regarding achievements in health of the children.

Regarding plans for immunization of children at school.

Regarding causes of absence from school.

Regarding persistent tardiness of children (to place responsibility where it usually belongs—on the parents rather than the children).

Regarding the health needs of the children as shown by the health examinations, including such matters as:

Changes or modifications of the school curriculum or activities.

Changes or modifications of home conditions such as home work on lessons, social activities, diet, rest, outside work, outside lessons in music and other cultural subjects, etc.

Correction of physical defects.

Physical examination by family physician, or in clinic.

Dental examination by family dentist, or in a clinic.

Advisability of work permits.

General regime of health habits of the children.

Emotional and social needs and adjustments of children.

Regarding community resources available for immunization, correction of defects, and other health service facilities.

Regarding health service facilities of the school.

Refer parents to nurse or school physician:

For discussion of individual health problems of children.

For information regarding health service facilities of school.

For information regarding community resources available for immunization, correction of defects, and other health service facilities.

For information regarding immunization process.

For general information on health matters.

For explanation of reasons for excluding child from school.

Refer parents to principal:

For discussion of individual health problems of children.

For information regarding health service facilities of school.

For explanation of reasons for excluding a child from school.

For discussion regarding advisable changes in child's school regime on basis of individual health problems.

Refer parents to family physician:

For discussion of individual health problems of children.

For information regarding immunization process.

For general information on health matters.

For certificate permitting child to return to school after illness.

For medical examination in view of needs shown by health examination at school.

For information regarding community resources available for immunization, correction of defects, and other health service facilities.

Coöperation with school nurse or school physician.

Discuss individual health problems of pupils with nurse or physician.

Refer to nurse or physician children with symptoms of health disorders, acute or chronic.

Refer to nurse or physician children who are absent from school.

Refer to nurse returning absentees.

Refer to nurse cases of children placed under quarantine by Board of Health.

Refer to nurse or physician emergencies arising in school, such as sudden illness or accident.

Refer to nurse or physician cases of children who are failing in school work.

Refer to nurse or physician cases of children who are special behavior problems for discussion of health basis for behavior.

Coöperation with school principal.

Discuss individual health problems of pupils with principal.

Refer to principal children with symptoms of health disorders, acute or chronic.

Refer to principal children who are absent from school.

Refer to principal returning absentees.

Refer to principal cases of children placed under quarantine by Board of Health.

Refer to principal emergencies arising in school, such as sudden illness or accident.

Consult with principal about cases of children who are special behavior problems for discussion of health basis for behavior.

Coöperation with family physician of children.

Discuss individual health problems of pupils with family physician upon request of parents.

Refer to physician emergencies arising in school such as sudden illness or accident, when parents cannot be located.

Coöperation with other members of school staff especially interested in health problems, such as visiting teachers, physical education instructors, nutrition instructors.

Discuss individual health problems of children with such workers.

Refer such workers to nurse, principal, or school physician, or other interested individuals regarding health problems of children.

Coöperation with other individuals such as representatives of school agencies, juvenile court, family agencies, etc., in regard to children with special problems.

Discuss individual health problems of pupils with persons interested.

Refer such persons to nurse, principal or school physician for discussion of health problems of children.

Refer such persons to other sources such as physical education teacher or nutrition teacher for discussion of health problems of children.

Activities in connection with groups interested in the health needs of the children.

Meet in case conference with others interested in the health problems of individual children.

Serve on school health committees.

Participate in Parent-Teacher Association meetings and other group meetings for discussion of health service projects for school such as hot lunch, first aid equipment, rest room, etc.

[*To be concluded in November*]

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

Edited by KATHARINE TUCKER

THE MEMBERSHIP CAMPAIGN

From its birth day, in June, 1912, on which, so records tell us, it was deemed desirable to form "a national association designed to embrace all workers engaged in public health nursing activities," * up to the present time, the National Organization for Public Health Nursing has found its strength and inspiration in its membership. The very name of the organization was chosen "with especial care to adequately represent its very inclusive membership and interests." The organization has, throughout the years, built up both professional and non-professional membership, and the interest and support of both groups have benefited the public health nursing profession as a whole. It is trite, but none the less true to point out that the more inclusive our membership and the more closely the N.O.P.H.N. is in touch with its membership, the stronger will be our national body and the influence of the National on public health nursing.

In 1927 the organization staged a "drive" for members, but since that time, no special effort has been made to increase the support from individual members, although both the demand for our services, and our staff have increased. Now that the American Nurses' Association's drive for members is so successfully completed, the Advisory Council and the Board of Directors believe the time has come to appeal for a wider support of the present N.O.P.H.N. program. To answer the requests from the field, to maintain the institute schedule which has been so enthusiastically received all over the country and is from one point of view, a real contribution to nursing education, to give the carefully considered replies that our correspondence deserves, we must maintain our present budget. As it is a fundamental principle of the N.O.P.H.N. philosophy to share with its members the whys and wherefores of its procedures, it is fitting that the reasons for the membership drive † be presented to our readers of this department of the magazine.

Believing that there is pressing need for the stabilizing effect of a national body such as the N.O.P.H.N. at this time of economic crisis, and feeling also that the individual nurse really appreciates what the N.O.P.H.N. means to her, and wants to share in the development of her profession nationally, it has been decided to make this an individual appeal for support to the thousands of public health nurses and those interested in public health nursing who are not already members of the N.O.P.H.N. rather than to the corporate groups, which are already doing their utmost to tide over their own situations. Only about one-fourth of the public health nurses in the United States are N.O.P.H.N. members, and we have no way of knowing how many non-professional people, sincerely interested and ready to support the N.O.P.H.N., are not members. As our president, Miss Nelson, has said: "Whether she realizes it or not, every public health nurse is benefited by the activities of the N.O.P.H.N. in the improvement of the conditions in the profession. I feel sure that no public health nurse will shirk her share of the support of an organization which means so much to her profession.

* Minutes of organization meeting at Convention in Chicago, June 5–7, 1912, page 5.
† Announced in the editorial on page 461.

And it is my opinion that not only should every nurse be a member, but that lay people who are interested in health conditions throughout the country will want to give their support as well."

We know that the economic stress of the last few months has brought unusual trials to our local groups. As never before, the National must be ready to offer counsel, information, and encouragement to its constituency. The most efficient practices, the best methods of administering services under curtailed budgets, more facts, more suggestions—in short the strength that comes from assured knowledge, solidarity of purpose and of standards, must emanate from the National. It is not a time to fall down on our program.

It is not only the need of continuing our services to the field at their present strength which has moved the Board to seek new members this Fall. We, like other national agencies, foresee some inevitable curtailment in our support from our corporate members. We have depended very definitely on dues from these corporate groups, either through the percentage plan or on the flat yearly rate. While we have every confidence and evidence that our corporate agencies will cut their dues to us only under drastic necessity, still we are facing some reductions, and we must look to our individual membership to balance this loss.

It is therefore with full understanding of what a financial appeal of any kind means at this time and with equally frank and full realization of what the National handicap will be if membership is not increased, that we start the hard work of a membership "drive." However, over and above the temporary flutter of campaign demands, we believe this appeal for members is an appeal for a steady, solid group of public health nurses and board members who will help us—and through us, themselves—to meet the present day crisis intelligently, effectively and without panic, and that out of this group of "shock troops" will grow an army of members of permanent, stable strength to the N.O.P.H.N. We are building for the future, as well as for 1932, in this drive.

Fortunately for us, on the eve of her flitting for her vacation, and almost on the day of her retirement as superintendent of the Providence District Nursing Association, Mary Sewall Gardner consented to act as chairman of the National Membership Committee. Already, under her able guidance, the aid of national, state, and local committees is being enlisted in an effort to complete the drive at the time of our twentieth birthday, to be celebrated at the biennial convention in San Antonio next April. Miss Gardner's committees will work in coöperation with the National, and suggestions and assistance will be given them to facilitate securing new members. A leaflet which stresses the significance of membership in the N.O.P.H.N. is being printed for distribution, and methods for securing local publicity will be suggested during the course of the campaign.

In addition to these committees, a national sponsoring group of lay people who are known to be interested in public health is being formed.

Everything depends on the coöperation which those of us who appreciate the importance of the N.O.P.H.N. are willing to give to this effort. Every one can help, both by becoming a member one's self, and by securing additional members among nurses and lay people. Will you not start now on a personal campaign in our mutual interests?

Pledges of support which have been received by Miss Gardner have brought a thrill to all of us here at headquarters, and we are glad to share a few excerpts with our readers:

"I can think of no one better equipped for this rather gigantic task. It will give me real pleasure to serve on your committee." (Miss I. Malinde Havey, Washington, D. C.)

"I am delighted that definite steps are being taken to promote membership in this invaluable organization." (Miss Grace M. Heidel, Albany, New York.)

"I will do anything your committee desires of me as your program progresses." (Dr. William F. Snow, New York City.)

"Public Health organizations should have N.O.P.H.N. membership as a requirement before accepting nurses for positions." (Miss Cora M. Templeton, Cleveland, Ohio.)

"Shall be delighted to serve on any committee of which you are a member." (Miss Marguerite Wales, New York City.)

"I sincerely believe in the idea of having every public health nurse share in the responsibilities as well as the advantages of membership." (Miss Miriam Ames, Chicago, Illinois.)

"Be glad to coöperate in any way possible. The N.O.P.H.N. is fortunate in securing you as chairman." (Mrs. Helen LaMalle, New York City.)

"Do all I can toward promoting this most laudable undertaking in the National Organization for Public Health Nursing." (Dr. Samuel Crumbine, New York City.)

Doubled Membership Means Redoubled Strength

ORGANIZATION NEWS

Edna L. Moore

On December 1st, Miss Edna L. Moore, the N.O.P.H.N. Assistant Director in charge of our joint project with the American Social Hygiene Association, will return to Canada to become Director of Public Health Nursing of the Division of Child Hygiene of the Ontario Department of Health. She will work directly under the Hon. Dr. John M. Robb, Minister of Health, and will live in Toronto, her native city.

While we rejoice with Ontario and with Miss Moore in the opportunities that lie ahead, we are keenly conscious of the loss which we are sustaining. Coming, two years ago, into a new program in what is perhaps the most difficult phase of public health nursing to explain to nurses and the public, Miss Moore has won signal success. She has travelled from Montana to Louisiana, from New England to the South Atlantic states, giving Social Hygiene Institutes. Wherever she has gone, the response has been enthusiastic and letters of appreciation have poured into headquarters.

Not only the country at large but also the staffs of the N.O.P.H.N. and the A.S.H.A. will miss the loyal, effective and hearty comradeship of Miss Moore. Canada gains what we lose. Added to our best wishes for future success to Miss Moore and to the Province of Ontario is our assurance that a new understanding and a new friendship transcending all boundaries will result between American and Canadian health workers through Miss Moore's unique contribution to public health.

We are fortunate that our Social Hygiene program will go forward under another well prepared nurse. Miss Gladys Crain, a supervisor of the

Community Health Association of Boston, will come on the staff November 1st.

Gladys Crain, Miss Moore's Successor

Miss Crain is a graduate of the Children's Hospital, Boston, and of the Public Health Nursing Course of Simmons College.

She has had a background of experience which peculiarly fits her for social hygiene work, with the advantage of participation in the work of the Boston Community Health Association which is one of the few organizations conducting both a social hygiene and a mental hygiene program in close correlation with each other. Her experience for more than five years as supervisor in one of the district offices used as a student center has given splendid scope to her natural teaching ability.

Miss Crain will spend the month of November with Miss Moore learning the details of our Social Hygiene project and on December first will be available for service to local organizations in this field. We appreciate the generosity of the Boston Community Health Association in making possible this addition to our staff.

On September 3, Miss Ella Pensinger joined the N.O.P.H.N. staff to be with us until after the Biennial to assist in two important undertakings. One is the Biennial Convention itself, the planning for which is undertaken months in advance.

The other part of Miss Pensinger's program is the much needed and long awaited revision of the N.O.P.H.N. *Manual of Public Health Nursing.* A collection of manuals from organizations all over the country has been made and Miss Pensinger will review all of these in an effort to make the revised N.O.P.H.N. *Manual* a reflection of the best practices in both urban and rural services generally.

Miss Pensinger is a graduate of the Presbyterian Hospital School of Nursing, Philadelphia, and of the Public Health Nursing course of Teachers College. Her experience includes a wide range of service in various types of public health nursing organizations.

Miss Nelson has been released for four months by the John Hancock Mutual Life Insurance Company to become Special Consultant in Public Health Nursing for the Bureau of the Public Health Service, United States Treasury Department, Washington. The appointment dates from September 1st to December 31st of this year.

Will subscribers to PUBLIC HEALTH NURSING who recently sent us the following changes of address please communicate with us: 1230 Amsterdam Avenue, New York City; 1401 East 31st Street, Oakland, Calif., care Highland Hospital.

BOARD AND COMMITTEE MEMBERS' FORUM

Edited by VIRGINIA BLAKE MILLER

Board Member, Instructive Visiting Nurse Society, Washington, D. C.

FIFTY-SEVEN VARIETIES OF PUBLIC HEALTH NURSING NEWS

Check the items that fit your program. There are more than enough to appear in the newspaper every week in the year. The items starred might make Sunday feature stories for newspapers.

1. Annual meeting of the Organization.
2. Election of officers (pictures).
3. Monthly board meeting.
4. New members of Board or committee.
5. Special speaker at board meeting (picture).
6. Attendance of Mrs. Blank at State nurses meeting.
7. Attendance of president and member of the board at the Biennial Convention.
8. Staff representation at the State nurses meeting.
9. Attendance of the director and staff members at Biennial Convention (picture).
10. Announcement of accomplishments by staff members other than regular work.
11. A gift to the organization.
12. New service started.
13. Announcement of any change in the program.
14. Opening of the new office (picture).
15. Opening of a new center (picture).
16. Report of the year's work.
17. Progress of organization as compared to last year or last month.
18. When you have reached your —th case.
19. Rating of your organization with respect to other organizations.
20. A day in one of the health centers (picture).
21. An unusual letter from some client or association (who agrees to having it published).
22. Participation of President or Executive in some public movement.

*23. The Christmas party for shut-ins (picture).

24. Unusual wills or bequests left to organization.
25. Assistance from Rotary Club in summer camp work.
26. When Junior League volunteers assist in the work of the organization (picture).
27. When the Parent Teacher Association helps in the summer round-up (picture).
28. When the Federated Women's Clubs make a health survey.

*29. When the public health nurse has an unusual experience—such as being stuck in snow while going to her patient.

*30. Special work done for a chronic patient.

*31. How pleased Mrs. Blank was when she came from the hospital with her new baby to have a nurse come in and bathe her and the baby.

*32. How the public health nurse helped out when three children were sick with a communicable disease (hourly appointment service).

33. A talk by a member of the board before a club.
34. A demonstration of bag technique given before the Parent Teacher Association.
35. A play put on by the nurses at the Rotary Club luncheon.

*36. When the Kiwanis Club bought glasses for Johnny so that he could stay in school.
*37. How Mary took the home nursing course so that she could take care of her bedridden mother.
38. Graduates of Home Hygiene and Care of Sick classes conducted by nurses (picture).
39. The ladies aid society of the —— Church keeps the loan closet filled.
40. The number of bandages made by the —— sewing circle.
*41. A day with a Junior League volunteer.
42. Announcement of toxin and antitoxin campaign.
43. T.A.T. clinic totals, pictures, etc.
44. Maintenance of first-aid room or booth at State Fair; window exhibit.
45. The number of children vaccinated before starting school.
46. Possible diminution of maternal deaths over last year due to the organization's maternity program.
47. Results of health poster contest (picture).
48. When the National Organization for Public Health Nursing announces a new study that will affect your organization—for example, the census.
49. Comparison of local conditions with those published in studies by national organizations.
50. Visit of representatives from National Agencies (picture).
51. Gifts for special occasions, as when the employees of a bank give Christmas presents to the organization for families who cannot afford to fill their children's stockings.
52. When Community Chest solicitors pay a visit to the health center (picture).
53. New members of nursing staff (picture).
54. Resignations, leaves of absence, marriages, etc., of nursing staff.
55. Comment by nurse director on welfare bills in staff legislature, or other social movements.
56. Staff outing or party.
57. Appeals for articles needed in nursing service, and why.

THE BIENNIAL IN SAN ANTONIO

The program for the Board and Committee Members' section of the 1932 Biennial is in process of organization and promises real returns to those who attend the meetings in San Antonio on April 11 to 15 of the coming year. San Antonio will be at its most beautiful at that period of the year, and the many charms of the city itself as well as the convenience of the facilities it affords will be open to us.

As announced in Organization Activities last month, Miss Tucker is chairman of the National Committee on Arrangements, the committee being composed of the directors at headquarters of the three national nursing organizations.

The reduced fare will be available for this convention as the last. The Transportation Committee, again directed by Mrs. Scott of the headquarters staff of the A.N.A., is now organizing this complicated phase of convention planning. Local chairmen with whom you will wish to communicate will be listed in Organization Activities for November.

Suggestions for the Board and Committee Members' program may be sent to Miss Davis at N.O.P.H.N. headquarters. This is an opportunity to instil a vigorous local "slant" into discussion of problems, an understanding of which is vital for continued good work. It is helpful, also, to meet Board members and nurses from unfamiliar sections of the country and to have in this way an exchange of ideas with the personality of the new acquaintance or co-worker behind the idea.

We are hoping and expecting that our section for the coming meetings will be a really solidifying factor in our work for the next few years.

VIRGINIA CROSS
Chairman, Board and Committee Members' Section, National Organization for Public Health Nursing.

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING

PRESCHOOL CLINIC PROCEDURE IN PUBLIC HEALTH NURSING ORGANIZATIONS

[*Continued from September*]

V. FREQUENCY OF CLINICS, NUMBER OF STATIONS AND AVERAGE ATTENDANCE*

Brockton: Conducted weekly on Tuesdays at 9 A.M. Average attendance=6.

Charleston: Two afternoon clinics (Monday and Wednesday) a week are held at this station with an average daily attendance of 26 for first four months of current year.

Hartford: Our conferences are held once a week in each of the 19 health stations. Average attendance is 15 plus. Preschool children return to clinic once a month, the date of return decided by the nurse.

Houston: Three centers as before noted. West End meets Wednesday P.M., 1–3. Average attendance is 33 "patients and parents." Avenue K (Mexican) meets Friday 1–3. Average attendance is 45 patients and parents. Bethlehem Health Center (colored) meets Thursdays 11–1. Average attendance is 25 patients and parents.

Minneapolis: Nine stations total 20 clinics a week with an average attendance of 15.

San Francisco: 9 Centers. 1–4 conferences weekly. In those instances where one weekly conference is held, average attendance is 13–21. Those held more frequently average from 27–35, the latter figure being the department-store clinic which is held four times weekly.

The average attendance at all Child Welfare Conferences during the year 1929–30 was 27.4. Some of our doctors at times are required to see too many cases during a session. We make it a policy never to turn anyone away and more conferences could easily be justified.

Syracuse: Clinics are held weekly in each of the ten preschool clinics. Average attendance 5.

* It should be noted that not all of these clinics are limited to preschool children.

VI. RECORD FORMS

Record forms as used by these seven organizations are on file at N.O.P.H.N. headquarters and will be sent as a loan on request.

VII. INTERESTING FEATURES, PROBLEMS, PLANS

Brockton: The preschool clinic of the Brockton Visiting Nurse Association was organized with the approval of the medical advisory committee, December, 1927, for the purpose of stimulating interest in the child from two to six years among physicians, nurses and parents, to provide for the early administration of toxin-antitoxin and vaccine, and to examine thoroughly children of the indigent.

Charleston: Our chief problem is over-crowding of Monday (child welfare) clinic. We find it very difficult to work out a satisfactory plan whereby the attendance of children at this clinic can be limited.

We are particularly fortunate in having two pediatricians whose services are voluntary and whose attendance never fails.

We have no definite plans at present for future development, owing to lack of funds.

Hartford: We have been able through the coöperation of the schools in one of our large districts to have given over five hundred toxoids in the past two months to preschools. We feel the exceptional interest which the educational system showed in this respect is quite a progressive step and we hope gradually to secure this service for all of our preschool children.

We feel gratified over the attendance of mothers at conferences without the bait of having a doctor to examine the babies. We have had a visiting doctor who gave advice on

feeding problems but his appearance at the stations was not regular as that of a clinic physician would be, and he visited only about six of the stations every two weeks. It is especially gratifying to us that we have been able to educate the mothers to consult their family doctors concerning their babes. The preschool children, however, are another question entirely. And it is our hope that in the near future we shall be able to have a pediatrician examine them at the health stations regularly. We feel that this part of the work is greatly in need of development.

Houston: There is under consideration a plan for instructive meetings for mothers attending the Health Centers.

San Francisco: Our plans for the future include the establishment of generalized health center districts throughout the city in which all our child welfare work will be done.

The San Francisco Department of Public Health utilizes the Child Welfare Centers to perfect birth registration. This is done by checking with the Health Office records on the birth of every child under one year of age brought into any of the various centers.

Child Welfare Centers in outlying districts have done much to promote the growth of community spirit in their respective neighborhoods.

Cases of children who show progressive gain and seem in excellent physical condition whose parents are manifestly able to carry out health conference advice are not visited in their homes as a matter of routine. Experience has shown that routine home visits to this group does not necessarily improve the attendance at the conference as the tendency is then to throw the responsibility on the nurse rather than the doctor.

Syracuse: Our most helpful features have proved to be the postcard reminder of appointment at clinic and our carefully prepared and selected literature. The past two years the school nurse (of the Board of Education) has been assisting in the clinic held in her school. This has helped in recruiting new children.

Our especial problems and difficulties are getting the preschool child registered at clinic. We have at the present time 907 cases registered in a city of about 16,000 children of preschool age.

We hope to stimulate larger enrollment and secure more immunizations against smallpox and diphtheria.

Undoubtedly features of this sampling of preschool clinic procedure over the country have impressed readers who are confronting clinic and conference problems of their own, in varying ways. One reaction may have been, "Perhaps that would work here"; another reaction to the same bit of procedure, "Why do they do it *that* way!" Some of the points brought out in this material in the August and September numbers of PUBLIC HEALTH NURSING, and in the present number, which have impressed us as being of interest are as follows:

1. *Hartford's* and *Syracuse's* location of clinics as far as possible in schools for the sake of continuity of preschool and school services.
2. *Minneapolis* pays no rent for clinic rooms.
3. *San Francisco* has a department-store clinic.
4. *Hartford's* "corner for preschools" in child-welfare conference.
5. *San Francisco's* special examining table.
6. In *Brockton*, a child attending clinic for the first time has been previously visited in the home and the history recorded.
7. In the *Houston* child welfare conferences, acutely ill children may be prescribed for.
8. *Charleston* has two volunteer pediatricians whose attendance at conferences is unfailing.
9. *Syracuse's* carefully detailed routine.
10. Five of the seven organizations mention use of *volunteer service* at the child welfare conference.

(This material concludes the presentation of child welfare conference procedure, as carried out by 7 public health nursing organizations. Topics other than those of this issue have been: *Clinic rooms; doctor's table; personnel; routine.*)

REVIEWS AND BOOK NOTES

Edited by RUTH GILBERT

HEALTH ON THE FARM AND IN THE VILLAGE

By C.-E. A. Winslow. The Macmillan Company. $1.00.

Dr. Winslow has written a comprehensive report of the health and social experiment carried on by the Milbank Memorial Fund in Cattaraugus County, New York, 1923–30. The demonstration was for the purpose of determining to what extent a rural community could be guided in the application of health measures which would lead to the reduction of sickness and death rates. It was also for the purpose of learning how much such a service should cost and whether or not the residents of a rural community would contribute the funds necessary.

In Dr. Winslow's opinion the experiment has been a success. He says that in the eight years of the experiment "the mortality rates for diphtheria, tuberculosis and the diseases of infancy have been reduced sharply and suddenly to a degree involving a deviation from previous trends so pronounced as to be beyond any reasonable influence of chance."

"A second definite and tangible result of the demonstration is a success in convincing county authorities of the value of the modern public health program and of the importance of making financial sacrifices for the results which such a program entails."

The experiment in Cattaraugus County indicates that approximately $2.50 per capita is required to provide a reasonably adequate health service to a rural community of this type. This amount of money is probably a little more than is required for the same service to an urban community.

In considering the continuation of the work in this county, Dr. Winslow recommends that the necessary funds be provided by the State, the County and a foundation such as the Milbank. In the writer's opinion the only shadow in the general success of the demonstration has been the attack on it by the Local County Medical Society in 1927 and 1928. This difficulty appears to be due to "the psychological difficulties inherent in any attempt to develop a new form of organized medical service which almost invariably tends to develop tension between those who are allied with the organization and those who are not."

One chapter in this book is devoted to a discussion of the psychological reactions to the health demonstration. In a brief summary of the lessons learned the following are mentioned:

1. It has been demonstrated that the full time County Health Unit is as applicable to rural New York as to any area in the south or west and is economically justified by direct terms in the saving of human life.
2. An interesting plan of unifying the school health nurse and correlating this service with the County Health Unit has been developed.
3. One of the most notable achievements in the demonstration has been the creation of the public health nursing service which is probably unique in a rural area. First of all the nursing service is practically adequate in volume; it is organized on a generalized plan and integrated with a county health department program. Of the 25 nurses in the county, 16 function under the Bureau of Nursing of the Department of Health. The cost of the nursing service represents 42 per cent of the total expenditures for health.
4. The program for the control of tuberculosis has established a standard for other counties to follow.
5. A highly successful development of consultation service not only for tuberculosis but other communicable diseases has been established.
6. In the development of the laboratory service Cattaraugus County has perhaps carried its program further than any other rural community.
7. Valuable nutrition studies have been carried on in the county.
8. Program for the care of crippled children has been unusually comprehensive and successful.
9. Statistical studies have aided in developing criteria by which public health procedures may be evaluated.

Perhaps the major lesson in the demonstration is the inspiration which it offers to rural communities in the attainment of better health service. This report is interesting to all engaged in public health work and especially to those concerned with the problems of rural health.

Quite without bias the successful and the less successful steps in the development of this program are related. The evaluation of the services is decidedly objective.

AMELIA GRANT

Carefully selected references on Poliomyelitis—precautions, symptoms, treatment, after-care—are available from the National Health Library, 450 Seventh Avenue, New York City, or from the N. O. P. H. N.

CRIPPLED CHILDREN—Their Treatment and Orthopedic Nursing

By Earl D. McBride. The C. V. Mosby Company, St. Louis. $3.50.

The purpose of this book is to supply those interested in the care and treatment of crippled children—parents, nurses, social workers, and crippled children's societies—with information which will enable them to carry out their part of the treatment more intelligently.

The thirty-four chapters gave a bird's eye view of the entire field of orthopedic care. The first eight chapters, which discuss orthopedic equipment, surgical and post-operative care, application of traction, and plaster of paris technic, bring out many important points in the nursing care of orthopedic patients.

There are brief chapters on "Physical Therapy," and "Braces and Their Care." A chapter each is devoted to the various types of paralysis—infantile, cerebral spastic, and obstetric. Several chapters follow on bone and joint tuberculosis. Dystrophies, ataxias, congenital deformities, rickets, posture, and injuries are some of the other subjects treated. Naturally the treatment is brief considering the wide range of subjects covered.

An appendix containing a definition of orthopedic terms is especially helpful for the lay or unspecialized worker. Much of the technical material is clarified by the splendid illustrations, 159 in all.

No matter how carefully technical material is presented, however, it may be misunderstood by those without special training. For instance the statement on page 85, "It is very important for a paralyzed limb to bear weight after the first six weeks because twisting and shortening of the bones will take place if the parts are not used," would be misinterpreted by parents whose doctors question the wisdom of walking so early even with braces. In fact, this seems almost a direct contradiction of the statement of the following page, "The weak muscle will improve, if exercised just to the point of fatigue."

This book will be of value in helping public health nurses to recognize orthopedic defects more promptly, but it is not sufficiently technical to help prepare them for orthopedic nursing.

JESSIE L. STEVENSON

Readers' attention is again called to the timely booklet, *Infantile Paralysis—A Message to Parents and Teachers*, published by the Committee on After-Care and Study of Infantile Paralysis of the Visiting Nurse Association of Chicago, 104 South Michigan Avenue and available from that organization.

Studies in Physical Development and Posture, bulletin 199 of the U. S. Public Health Service, is a report of an investigation on "how people stand." Twenty-two hundred men and boys ranging from two to sixty years were given physical examinations. The findings show no common characteristics which point to definite posture standards.

MENTAL HYGIENE AIDS TO PUBLIC HEALTH NURSING

[Reprints of this Bibliography Are Available from N.O.P.H.N.]

GENERAL READINGS

DISCOVERING OURSELVES. Edward A. Strecker and Kenneth Appel. Macmillan Co., N. Y. C. $3.00.

HUMAN MIND. Karl A. Menninger. Alfred A. Knopf, Inc., N. Y. C. $3.50.

PSYCHOANALYSIS FOR NORMAL PEOPLE. Geraldine Coster. Oxford University Press, N. Y. C. $1.25.

YOUR MIND AND YOU. George D. Pratt. National Committee for Mental Hygiene, N. Y. C. $.30.

APPLIED READINGS

CHILD DEVELOPMENT.

Child Care and Training. Institute for Child Welfare, University of Minnesota Press, Minneapolis. $2.00.

Child Guidance. Smiley Blanton and Margaret Blanton. Century Co., N. Y. C. $2.25.

Children at the Crossroads. Agnes Benedict. Commonwealth Fund, N. Y. C. $1.50.

Enuresis as a Psychological Problem. Helen T. Woolley. National Committee for Mental Hygiene. $.15. (Pamphlet)

Growing Up.* Karl de Schweinitz. Macmillan Co. $1.75.

Home Guidance for Young Children. Grace Langdon. John Day Co., N. Y. C. $3.50.

Mental Health Hints for Prenatal Period. (Includes postnatal period also.) Winifred W. Arrington, PUBLIC HEALTH NURSE, Dec. 1930 and Jan. 1931. Reprints available from N.O.P.H.N. $.15.

Mental Hygiene in the Classroom. Prepared by Department of Child Guidance, Board of Education, Newark, N. J. National Committee for Mental Hygiene. $.15. (Pamphlet)

Preparing the Child for Adolescence. H. A. Tiebout. National Committee for Mental Hygiene. $.15. (Pamphlet)

Prevention of Poor Appetite in Children. C. A. Aldrich. National Committee for Mental Hygiene. $.15. (Pamphlet)

Some Undesirable Habits and Suggestions as to Treatment. Jessie Taft. National Committee for Mental Hygiene. $.15. (Pamphlet)

COMMUNITY ORGANIZATION.

Mental Hygiene Function of the Public Health Nurse. Sybil H. Pease. Annals of the American Academy of Political and Social Science, Phila., Pa., May 1930, pp. 180–83.

Relation of Psychiatric Social Work to Public Health Nursing. Lois Blakey, THE PUBLIC HEALTH NURSE, January 1930, v. 22, pp. 26–30.

Rôle of Community Clinics in Mental Hygiene. George S. Stevenson. Journal of the American Medical Association, March 28, 1931, v. 96, pp. 997–99. A limited number of reprints available from the National Committee for Mental Hygiene and from N.O.P.H.N.

Rôle of the Public Health Nurse in Community Mental Hygiene. Frankwood E. Williams, THE PUBLIC HEALTH NURSE, July 1927, v. 19, pp. 341–45.

MENTAL DEFECT.

Social Control of the Mentally Deficient. Stanley P. Davies. Thomas Y. Crowell & Co., N. Y. C. $3.00.

MENTAL DISEASE.

Mind That Found Itself. Clifford W. Beers, Doubleday, Doran & Co., N. Y. C. $2.00.

Psychology of Insanity. Bernard Hart. Macmillan Co. $1.25.

MENTAL HYGIENE IN INDUSTRY.

Preventive Management—A Symposium. B. C. Forbes Publishing Co., N. Y. C. $3.00.

Note: A list of fiction especially interesting from a mental hygiene viewpoint, has been prepared from the bibliographies used by mental hygiene supervisors in nursing organizations and is available from the N.O.P.H.N.

* A social hygiene bibliography is available in reprint form from the N.O.P.H.N.

NEWS NOTES

On its 35th birthday, the American Nurses Association, 103,000 strong, has little time in the rush of present-day demand to pause for self-congratulation. But in the words of Jane Van De Vrede, first vice-president, speaking in the absence in Europe of the organization's president, Elnora E. Thomson, "We have cause for happiness and humility, we members of what is probably the greatest organization of the women of one country and of one profession in the world." Janet M. Geister, director at Headquarters, writes, ". . . we find ourselves a great solidarity, organized around a great human service."

✤

Miss Nina B. Gage has resigned as Executive Secretary of the National League of Nursing Education and has gone to Hampton to develop a Negro school of nursing under the auspices of the Rosenwald Fund. Miss Gage hopes to organize a public health nursing course.

✤

Miss Margaret Tracy, assistant professor and assistant superintendent of nurses of the Yale School of Nursing, and Miss Ruth Hubbard, director of the Philadelphia Visiting Nurse Association are leaving for Europe on a three months' study of training schools for nurses, and of public health nursing work, under the auspices of the Rockefeller Foundation.

✤

On the first of this month the Tuberculosis League of Pittsburgh will begin a survey of tuberculosis among the city's Negro population under the direction of Miss Elsie Witchen, assistant director and tuberculosis supervisor of the Pittsburgh Public Health Nursing Association. The survey probably will extend over a two year period. Miss Witchen will retain her supervision of tuberculosis for the public health nursing organization but otherwise will devote full time to the survey.

✤

Dr. Estalla Ford Warner of the United States Public Health Service has been assigned to West Virginia to make a study of the child hygiene work being done in that state, particularly in the rural areas. Dr. Warner, who is child hygiene consultant of the Federal service, has just completed studies in Alabama, Pennsylvania and Virginia.

✤

The Central Council for Nursing Education will hold a luncheon meeting on Wednesday, October 14th, at 12:30, in the Crystal Ballroom of the Blackstone Hotel, Chicago. Dr. C.-E. A. Winslow will speak on "Who Is Responsible for Educating Nurses?" Mrs. Paul Walker is chairman of the Committee on Arrangements. Assisting her are Miss Helen V. Drake and Miss N. Helena McMillan.

The date of the Central Council luncheon coincides with the annual meetings of the Illinois State Nurses' Association, and the Illinois League of Nursing Education.

✤

The Mississippi State Nurses Association has announced annual meeting dates as October 29 and 30, the place of meeting to be Greenville.

✤

In order to meet the demand for a better understanding of orthopedic nursing procedures on the part of public health nurses, the New York State Reconstruction Home at West Haverstraw will admit for a thirteen weeks' course registered nurses who are trained or experienced in public health nursing. Public health nurses interested in such a course should communicate with the Division of Public Health Nursing, State Department of Health, Albany, N. Y.

✤

A wide range of subjects was presented at the 24th annual session of the National Association of Colored Graduate Nurses held at Greensboro, N. C., August 18–21. Attendance was widely representative, including nurses from Texas to Ohio and from the South to New York.

Discussion centered about opportunities for Negro nurses, the emphasis being placed on the need for education and preparation for special positions.

A number of encouraging recent developments were noted, particularly the part the Rosenwald Fund is playing in the expansion of Negro health work. The possibility of a course in public health nursing for Negroes at Hampton Institute was eagerly anticipated. The "Study of Negro Public Health Nursing" by Stanley Rayfield and the N.O.P.H.N. published in the October, 1930 number of THE PUBLIC HEALTH NURSE was recognized as a basis for future planning.

✤

Any person in upstate New York infected with syphilis or gonorrhea, and unable to pay for adequate treatment may receive free medical care in either an urban or a rural district. The State has encouraged establishment of clinics in large centers; private physicians may be reimbursed through local health officers for treatments to indigent patients. The word *indigent* in this connection, does not mean that the person is poverty-stricken but that he is unable to pay

for continuous treatment as long as would be necessary to protect the public and to safeguard himself against possible sequelae.

✤

An exhibit planned last year by Miss Bess Lawler, Tillamook County nurse, Oregon, has borne fruit in the shape of a local movement to establish a playground for the children of Tillamook. Her exhibit was a miniature playground.

In 1930, 791 new play centers were organized throughout this country, making a total of 13,354 in the United States. Emphasis is being placed on well trained leaders for these centers.

✤

All domestic servants in New Jersey are now required to have a certificate of health from a physician indicating that the individual is free from any communicable disease. During the eight-month period following adoption of the ordinance a year ago, 2,196 persons have been examined.

✤

Following a 5-year study of the incidence of secondary cases in scarlet fever, the Detroit Department of Health, according to its Weekly Health Review, has adopted a variable quarantine period for scarlet fever based not only upon the clinical condition of the patient but also upon age and weather. In the past, a simple case of scarlet fever was quarantined for 28 days while the complicated case was held for a maximum of 56 days. The new regulations provide for a 21-day quarantine for patients 15 years of age and over, while children below this age are still held for 28 days. Also, during the warm months of July, August, and September, the quarantine period at all ages is reduced to 21 days, as the infecting case rate during this period has for the past several years been less than 1 per cent. In complicated cases at the end of 28 days the quarantine is removed and a warning placard restricts the case until termination of the period of isolation.

✤

According to a recent *Associated Press* notice, the Presbyterian Hospital at Chicago has placed coupon books on sale to prospective parents calling for payments as low as $5.00 a month. The total payments (amount not stated) include prenatal and postnatal care and hospital confinement at birth.

✤

Harnessing the electricity of thunderstorms to a new type of X-ray tube that promises to produce X-rays more penetrating than any radiation previously made by man will soon be accomplished by two German physicists, Dr. F. Lange and Dr. A. Brasch of the University of Berlin, who sent a paper recently to the American Association for the Advancement of Science meeting. It is planned to use the tube in the treatment of cancer.

The index number for cost of living for June, 1931, shows a decline of 6.59 as compared with December, 1930. This includes prices obtained from 51 cities on food and from 32 cities on various articles including clothing, rents, fuel and light, house-furnishing goods, and miscellaneous items, weighted according to their importance in the family budget.

✤

The death rate from cancer in California is almost 30 per cent higher than the average death rate in the United States, and it is 80 per cent higher than that of Canada. The high and increasing cancer death rate in California is due largely to the influx of patients with chronic disease or of advanced age as well as to more accurate diagnosis. The California Medical Association recently has formed a permanent Cancer Commission to attack the cancer problem in that state.

✤

A new group of epidemic cerebrospinal meningitis germs has been discovered at the National Institute of Health at Washington during studies conducted under the direction of the United States Public Health Service. This is the fifth group of these dangerous germs to become known.

During the last five years a wave of epidemic cerebrospinal meningitis has traveled slowly across the United States from the Pacific Coast, manifesting itself in severe outbreaks in many centers of population as, for example, in Salt Lake City, Chicago, Memphis, Detroit, Indianapolis, Philadelphia, and New Haven.

Another project of the National Institute of Health is the search for crops having the highest pellagra preventive values which may be grown most easily by farmers in the area in which pellagra is prevalent.

✤

The second joint county-wide health nursing service, recently has been approved by the West Virginia State Health Department. The State now has 17 counties with public health nursing services and 15 full-time health units.

✤

Three requirements which a preschool child of Syracuse, N. Y., must have before certification as a "blue ribbon child" are health examination during the current year; immunization against diphtheria, and against smallpox. This effort is not a campaign; it is planned as a permanent undertaking.

✤

As one of the county nurses was traveling through her district she was stopped by a small lad who asked her for a "stick 'em" paper. At first the nurse was quite bewildered, but further inquiry revealed the fact that the boy wanted a slip for the toxin-antitoxin clinic. —*Westchester's Health*